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USAID/HAITI: SOCIAL MARKETING ASSESSMENT, 2008

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ACRONYMS

| | |
|----------|---|
| ARV | Antiretroviral |
| BCC | Behavior change communication |
| CBOs | Community-based organizations |
| CDC | Centers for Disease Control and Prevention |
| CIDA | Canadian International Development Agency |
| CSH | Child Survival and Health (funding category) |
| DALYs | Disability Adjusted Life Years |
| DfID | Department for International Development (United Kingdom) |
| DHS | Demographic and Health Survey |
| FBOs | Faith-based organization |
| FP | Family planning |
| GDA | Global Development Alliance |
| GoH | Government of Haiti |
| HIV/AIDS | Human immunodeficiency virus/acquired immunodeficiency syndrome |
| HPU | Health Promotion Unit |
| HS2004 | Haiti Santé 2004 |
| IQC | Indefinite quantity contract |
| ITNs | Insecticide-treated bed nets |
| IUD | Intrauterine device |
| KfW | KfW Entwicklungsbank (Germany) |
| LMS | Leadership, Management, and Sustainability Project |
| MAP | Measuring Access and Performance |
| MCH | Maternal and child health |
| MDGs | Millennium Development Goals |
| MoU | Memorandum of Understanding |
| MSH | Management Sciences for Health |
| MSPP | Ministère de la Santé Publique et de la Population |
| NGO | Nongovernmental organization |
| OCs | Oral contraceptives |
| ORS | Oral rehydration salts |
| OVCs | Orphans and vulnerable children |
| PEPFAR | President's Emergency Plan for AIDS Relief |
| PMP | Performance Monitoring Plan |
| POP | Population (funding category) |
| PSI | Population Services International |
| SDSH | Santé pour le Développement et la Stabilité d'Haiti Project |
| TB | Tuberculosis |
| TFR | Total fertility rate |
| TRaC | Tracking Results Continuously |
| UNFPA | United Nations Population Fund |
| USAID | U.S. Agency for International Development |
| VCT | Voluntary counseling and testing |

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EXECUTIVE SUMMARY

Despite nearly 20 years of social marketing programs in Haiti, the country is still facing many challenges. Suboptimal coordination and poor infrastructure have resulted in some geographic areas having a plethora of overlapping socially marketed products, while others face fairly frequent stock-outs within the social marketing system. Further, the concept of social marketing is still, in some cases, not well understood or fully supported by partner organizations, including the host country government, local organizations, and the private commercial sector. USAID/Haiti, the main funder of social marketing programs during the last several years, is now redefining what it hopes to accomplish through its support.

Indicative of the need for USAID/Haiti to better define its efforts is that currently there is only one indicator within its Performance Monitoring Plan (PMP) and, to date, there has been insufficient external examination as to whether the social marketing programs are having a higher-level and sustained impact on health indicators in Haiti. While data are being collected on a number of indicators, they are mostly input and output indicators, which, given the long history of social marketing programs in Haiti, should only form a small portion of the data collected. This is unfortunate because, at the macro level, numerous indicators such as contraceptive prevalence rate, total fertility rate, infant mortality rate, and HIV prevalence and incidence have either improved or stabilized during the last several years. While attribution and causal relationships are always difficult to determine, a more rigorous and analytical methodology would allow a better understanding of social marketing's contribution to the health improvements seen in Haiti.

Overlaying all of these programmatic-level issues are the general economic, demographic, and political issues within Haiti. Haiti, which is the poorest country in the Western Hemisphere, also has the challenge of managing the expectations of a young and growing population along with a general lack of infrastructure. Historically weak governance systems have left a legacy of an overreliance on outside support and the inability to implement programs for the long term. Whereas the Ministère de la Santé Publique et de la Population (MSPP) should be taking the lead in developing and coordinating the social marketing efforts, its staff have yet to do so. This leads to the conclusion that the indicators for social marketing sustainability (technical, financial, institutional, and market) need to be viewed with a very long-term perspective in Haiti.

While there are still numerous challenges to overcome, there have also been several significant achievements due to the social marketing programs including: (1) a number of health products, including male and female condoms, family planning contraceptives, oral rehydration salts, safe water systems, and insecticide-treated bed nets are now much more available, affordable, and accessible; (2) product availability and promotion of health messages have certainly benefited programs addressing HIV/AIDS, family planning/reproductive health, maternal and child health, and malaria; (3) there is strong brand recognition of the socially marketed products, a well-established distribution network, and a significant understanding and buy-in of social marketing by those working at the front lines of sales and distribution. Evidence of some of this success is that sales of socially marketed products, when supported by sufficient health promotion efforts, continue to increase in sales; and (4) given the periodic problems with the distribution of free products through the public health centers, the availability of socially marketed products has at times been a necessity.

During the course of this assignment numerous meetings and interviews were held, a dozen site visits conducted, and nearly 50 documents reviewed. The main conclusion from this intelligence gathering is this: social marketing programs in Haiti have benefited the health of Haitians, need to be continued, but also need strengthening in a number of areas.

In brief, the recommendations for improving the social marketing programs are as follows:

- **Coordination and Partnering:** Both at the central level and the departmental level, better coordination needs to be a key element for future work to avoid overlapping products and ensure the free exchange of information. Those involved should include staff of the social marketing program, Government of Haiti (GoH) representatives, donors, staff of the Santé pour le Développement et la Stabilité d'Haïti Project (SDSH)/Pwojè Djanm, other health sector and Title II nongovernmental organizations (NGOs), and commercial wholesalers and retailers.
- **Logistics and distribution:** Even without the infrastructure problems, this area needs general strengthening to avoid continued stock-outs within the social marketing distribution system. Given the current weak status of the national distribution network, the social marketing system could provide best practices and lessons learned to the former and, as such, should be an active participant in the discussions between MSPP and donors surrounding the development of the national system.
- **Data for decision making and strategic planning:** Historically given lower priority, this should no longer be the case. Suggested higher-level indicators are given at the end of this report. Technical assistance providers from other USAID-funded projects can assist with developing these indicators as well.
- **Strengthening GoH/MSPP involvement:** Without host country government understanding and support, any program will have additional hurdles to overcome. Technical assistance, training, and administrative support can remedy some of this. With an increased focus on the local-level planning and decision-making processes in which departmental and commune-level plans are developed with all health actors, the commercial private sector, including social marketing, should be participants, if they are not already involved.
- **Private sector support:** Better engagement with and information for the private sector should assist commercial wholesalers and retailers to further develop the market for lower-priced products. They should be invited to attend promotional events and readily provided with any market research generated.
- **Local organization involvement (wholesalers and NGOs):** Continued training and support are needed to solidify buy-in and understanding of social marketing. Some local organizations should be given the opportunity to take the lead in strategic planning and message development.
- **Funding issues:** USAID must be able to identify a consistent level of funding for its social marketing program and coordinate this with other donors. This would significantly improve the ability of social marketing programs to develop better strategic long-term plans. Further, the timing of the funding for social marketing activities must be well correlated with product availability. It has historically been the case that products have been made available only to have no promotional efforts for them due to donor delays in funding.
- **Promotion of products and services:** Some reconfiguring of communication efforts needs to be done around a number of products. Male condoms, oral contraceptives, injectables, and oral rehydration salts should provide the core of any continuing USAID-funded social marketing program, with further consideration given to additional products once the aforementioned four products have been given sufficient funding and efforts. Services, including those provided by SDSH/Pwojè Djanm and, perhaps, voluntary counseling and testing (VCT), which have historically been given little emphasis, may now be ready to be added to the promotional efforts.

- **Pricing:** This needs to be tracked carefully and frequently, given the rising cost of food and fuel prices, to ensure that products remain affordable. Pricing studies may be one methodology to use. One option in case of declining economic conditions is a lower-priced product distributed through NGOs to those most in need.

I. INTRODUCTION

USAID has supported social marketing programs in Haiti for nearly 20 years. Since 1989, when the first socially marketed condom was introduced in Haiti, USAID has continued to provide Haiti with an increasing number of health products, including oral contraceptives (OCs), injectables (Depo-Provera), oral rehydration salts (ORS), water treatment systems, and female condoms (Figure 1) while at the same time promoting their use through social marketing programs. Underlying this concept is that targeted health messages along with mass media advertising to promote health products and services will result in positive behavior changes and, thus, better health outcomes.

Figure 1: USAID-funded Socially Marketed Products and Year of Introduction in Haiti

| | |
|-----------------------------|------|
| Male condom | 1989 |
| Female condom | 1996 |
| Family planning injectables | 1996 |
| Oral contraceptives | 1996 |
| Oral rehydration salts | 1998 |
| Insecticide-treated nets | 2005 |
| Micronutrients | 2006 |
| Water treatment systems | 2006 |

Certainly, a number of health indicators in Haiti have shown improvement. The total fertility rate (TFR) has dropped from 4.8 in 1995 to 4.0 in 2005, with approximately 25 percent of women using a modern method of contraception.¹ Likewise, the probability of dying between birth and age 5 has decreased by 45 percent from 156 per 1,000 during 1986–90 to 86 per 1,000 during 2002–06. HIV/AIDS prevalence in Haiti, while still the highest in the Western Hemisphere—in the range of 2.2 to 3.8 percent—is generally thought to have plateaued and stabilized.²

While making health products and services more available, accessible, and affordable to consumers is a cornerstone of any public health program, and this has certainly occurred in Haiti, the impact of socially marketing those same products and services remains unclear. Both anecdotal evidence and sales figures for Haiti clearly indicate that the communication messages that are part of a socially marketed program do, indeed, increase usage of health products and services when done correctly, and lower usage when either done incorrectly or not at all. In addition, implementing organizations are strengthening their efforts to measure the impact of their social marketing programs through the use of indicators such as Disability Adjusted Life Years (DALYs). One cause of this lack of a clear linkage between the social marketing program and health outcomes is that, currently, within USAID/Haiti's Performance Management Plan (PMP), which includes more than 70 indicators for Program Area 3.1 – Health, there is only one indicator directly related to its social marketing program. This is obviously insufficient.

Before further discussing this and other related issues, this report will briefly discuss social marketing in general; give an overview of the demographic, economic, political, and epidemiological factors that impact any social marketing program, with specific references to Haiti; provide a historical perspective on USAID's social marketing programs in Haiti; and discuss current social marketing

¹ *Haiti: Mortality, Morbidity, and Use of Services Survey, 2005–2006, Key Findings*, Macro International (MEASURE DHS).

² *Stratégie de communication pour la prévention de la transmission sexuelle du VIH: Analyse situationnelle*.

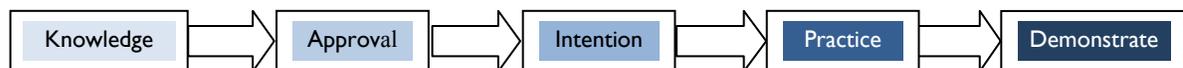
programs including the involvement of different partner organizations, results achieved, and corresponding funding levels. The paper will conclude by discussing issues of sustainability, summarizing the findings to date, and offering recommendations for future social marketing efforts.

SOCIAL MARKETING: ITS DIFFERENTIATION FROM COMMERCIAL MARKETING

The basic concept of social marketing is the systematic application of marketing techniques along with other strategies and approaches to achieve a specific behavioral goal.³ It is important, however, not to oversimplify this understanding or to create too great a differentiation between social marketing and commercial marketing. While the primary aim of social marketing may be to influence target populations to achieve a social good, and the primary goal of commercial marketing may be financial, commercial marketers are increasingly involved in social marketing. As social marketing has evolved, it is seen more and more as having both a social science, social policy, and public sector approach and a commercial and private sector approach. In social marketing the distinguishing feature is, therefore, its focus on social good as the primary outcome.

Public sector bodies can use standard marketing approaches to improve the promotion of their relevant services and organizational aims, but this should not be confused with social marketing where the focus is on achieving specific behavioral goals with target audiences. A commercial marketer selling a product may only seek to influence a buyer to make a product purchase. Social marketers, dealing with goals such as encouraging condom use, sexual fidelity, and using water treatment systems have more challenging goals: to make potentially difficult and long-term behavioral change in target populations.

Figure 2



In both the social marketing and commercial marketing approaches, both types of efforts rely on standard market research to determine their target populations, the products and services that are most needed, the pricing of those same products and services, what channels and locations to use for distribution, and how to communicate and promote the benefits of what they are offering.⁴ Because of the substantial overlap of these techniques and the information being generated by both sectors, social marketers are increasingly partnering with the private sector in what has been termed the “total market approach.”⁵

Total Market Approach

The total market approach developed in response to the growing reality that neither donor resources nor host country government resources were sufficient to develop markets for social goals. Indeed, in many countries the private sector accounts for the greatest proportion of health expenditures. The fundamental idea behind the total market approach is to very selectively target the poorest and most in need with either free or subsidized goods and services through the public sector, donor resources, and nongovernmental organizations while opening up the market to the commercial sector to introduce low-cost, mass-produced products to a segmented and targeted market. Often the public sector and social marketing organizations take the responsibility for increasing demand, determining

³ P. Kotler, N. Roberto, and N. Lee, *Social Marketing: Improving the Quality of Life*, SAGE, 2002.

⁴ P. Kotler and G. Armstrong, *Principles of Marketing*, Prentice Hall, 2004.

⁵ R. Pollard, “Social Marketing: An Introduction to the Total Market Approach to Commodities and Services Supply in Low-income Countries,” presentation on November 6, 2007.

willingness and ability to pay, and segmenting the market to induce the commercial market to enter with its products and services.

However, this approach is predicated on a sufficiently large market to gain volume and, thus, low pricing; that the socially marketed products do not cannibalize the commercial market; that there is a fair regulatory tax and tariff and policy system in place; and that the public sector is willing to collaborate with the private sector and the social marketing organization. Further, the existing market needs to have the management capacity in order to handle the logistics of manufacturing and distribution, be vibrant and competitive, and be willing to consider that hard-to-access populations merit their efforts. Unfortunately, most of these conditions do not exist in Haiti. If done correctly, though, the total market approach can grow the market by accessing the low-income (and often rural) users through rural sales points, the informal sector, and community-based distribution. Finally, the total market approach can contribute to developing an equitable market where all sectors of society have access to a range of brands they can afford.

COUNTRY BACKGROUND AND ITS IMPLICATIONS FOR SOCIAL MARKETING PROGRAMS

The challenges of implementing any development program in Haiti are numerous and have been well documented. These include a young and growing population, a weak governance system, poverty, and occasional political upheaval. For a social marketing program, the primary macro-level indicators to examine include those related to income, income distribution, population demographics, literacy, geographic differences, and the epidemiological situation, because all of these will influence the “4 Ps” (price, place, product, promotion) of marketing. Some of these key indicators include:

- More than two-thirds of the population live on less than \$1 per day.⁶
- The Gini coefficient in 2001 was .66⁷ (for comparative purposes, the Gini coefficients in 2004 for Sweden, the United States, the Dominican Republic, and Brazil were 25, 40.8, 47.4, and 59.1 respectively).⁸
- Approximately 58 percent of the population is less than 25 years old.⁹
- Adult literacy is low at 52 percent.¹⁰
- Rural health, education, and income indicators have consistently been lower than the same indicators for urban areas. Both geographic and social access to rural areas can sometimes be extremely difficult.
- Only 26 percent of women and 42 percent of men reported condom use in their last high-risk sex act, and the rates of high-risk sex among young adults (15 to 24 year olds) are double

⁶ USAID *Haiti Strategy Statement FY 2007–2009*.

⁷ Making Poor Haitians Count, Poverty in Rural and Urban Haiti Based on the First Household Survey for Haiti, Policy Research Working Paper 4571. A low Gini coefficient indicates more equal income or wealth distribution, while a high Gini coefficient indicates more unequal distribution. Zero corresponds to perfect equality (everyone having exactly the same income) and 1 corresponds to perfect inequality (where one person has all the income, while everyone else has zero income).

⁸ United Nations Development Programme, *Human Development Report 2004*.

⁹ USAID *Haiti Strategy Statement FY 2007–09*.

¹⁰ USAID *Haiti FY 2008 Program Summary*.

that of adults.¹¹ Factors cited for low condom use include lack of availability, allergic reactions, and belief that condom use can lead to infections.¹²

- Use of modern methods of contraception has slowly increased to approximately 25 percent, though the knowledge of modern methods of contraception is much higher.¹³
- One in 37 women risks dying from childbirth or pregnancy and only 25 percent of births occur in a health facility.¹⁴
- Almost one child in 12 will die between his or her birth and fifth birthday.¹⁵
- In 2000, illnesses related to HIV and diarrhea were the number two and three causes of mortality, respectively, accounting for approximately five percent each of total deaths. Complications related to pregnancy were number 11 and accounted for approximately two percent of deaths. Trauma was the leading cause of death.¹⁶

Overlaying and contributing to all of these indicators are the ongoing political, social, and economic turmoil that have affected Haiti for several decades. Underdeveloped Haitian government institutions along with weak governance in general have resulted in periodic crises including, most recently, the April 2008 violent food riots, which resulted in the removal of the Prime Minister and his cabinet. Implementing any development program will be difficult when there are frequent changes in the host country government counterparts, but will be particularly challenging for programs, such as social marketing, which rely on a network of distributors and peer educators, and free flows of goods, people, and information to successfully undertake activities.

Simply put, given the parameters outlined above, normal expectations for a social marketing program need to be adjusted for Haiti. For example, in a total market approach, one of the goals is to have targeted populations move from free products to socially marketed subsidized products to eventually having some segments accessing more private commercially available products. This is often one of the indicators used to measure progress in a social marketing program. However, given the level of absolute poverty in Haiti, the maldistribution of income, and the low level of private sector involvement (until recently, USAID had been the only supplier of affordable family planning products), simply having targeted populations access socially marketed products could be considered a measure of success.

Further, the classic example of a “substitution effect” (the switching from socially marketed cheaper-priced or free products to more expensive products) is dependent upon there being products available within the commercial sector and that those products are within the average person’s ability to pay. With commercial sector condoms in Haiti, for example, being sometimes more than 10 times the price of socially marketed products, this substitution effect for many products is less likely. Likewise, the switching back and forth between free products available at health centers and socially marketed products is dependent upon there being a reliable supply of free products. This, too, does not appear to be occurring in Haiti and, thus, the substitution effect is often done out of necessity rather than choice. In fact, it appears that the substitution effect is downward; people will access free products instead of socially marketed products when economic conditions deteriorate. Finally, the

¹¹ *Haiti: Mortality, Morbidity, and Use of Services Survey, 2005–06, Key Findings.*

¹² *Stratégie de communication pour la prévention de la transmission sexuelle du VIH : Analyse situationnelle.*

¹³ *Haiti: Mortality, Morbidity, and Use of Services Survey, 2005–06, Key Findings.*

¹⁴ *Ibid.*

¹⁵ *Ibid.*

¹⁶ *Ministère de la Santé Publique et de la Population, Plan Stratégique National pour la Réforme du Secteur de la Santé, 2005–2010.*

introduction of segmented products and their respective brands can sometimes take years, if not decades, to develop into a viable nonsubsidized market. This is predicated, though, on having a stable environment in which to implement the program. Clearly, uncertain levels of yearly funding combined with periodic civil unrest will negatively impact a social marketing program and delay its eventual success.

II. SOCIAL MARKETING PROGRAMS IN HAITI

PAST SOCIAL MARKETING PROGRAMS

As mentioned, USAID has supported social marketing efforts in Haiti since 1989. By introducing an increasing variety of products, the supporting infrastructure for distribution of these products, along with the mass media, targeted communication materials, and peer education, USAID's goal was to have a long-term positive public health impact in the area of HIV/AIDS, maternal and child health, and family planning/reproductive health. However, this goal is not explicitly stated in any readily available document, since many of the older program documents for social marketing efforts have not been retained by USAID/Haiti in its office files. Given the focus of its programs and sources of funding, though, it is a reasonable assumption that the goals were those or similar to those as stated above.

Because of this lack of documentation, any long-term review of the history of USAID/Haiti's social marketing efforts will be reliant on extant sources, which will only provide the basic facts, such as dates of product introduction, some funding levels, sales figures, materials produced, and lists of partner organizations. Further, unfortunately, one of USAID's main social marketing partner organizations, Population Services International (PSI), though it does have several employees with long records of service, lost most of its internal documentation in a fire several years ago. Thus, the institutional memory of USAID's social marketing programs is confined to the memories of a few USAID and PSI employees. This obviously impacts not only previous projects, but the continuity of projects as well.

CURRENT SOCIAL MARKETING EFFORTS IN HAITI

Several health sectors are currently being addressed by current social marketing programs through distribution and promotion efforts including: (1) HIV/AIDS through male and female condoms and safe water kits as palliative care for people living with HIV/AIDS; (2) family planning/reproductive health through condoms, oral contraceptives, and injectables; (3) maternal and child health through water treatment systems, oral rehydration salts, and micronutrient supplements; (4) malaria through insecticide-treated bed nets (ITNs) (with an indirect benefit of improving maternal and child health); and (5) improving the blood supply through voluntary blood donation. Current funders of social marketing programs include USAID, the Centers for Disease Control and Prevention (CDC), KfW Entwicklungsbank, the Global Fund, and the Canadian International Development Agency (CIDA). Other historical donors of social marketing efforts include the Department for International Development (DfID) and the Dutch Government. In all cases, the social marketing programs typically undertook a two-pronged approach, namely, the distribution of branded products through the private commercial sector (wholesalers, retailers, health centers, and other outlets where the target population would be easily reached) and nongovernmental organizations (NGOs) that would then resell the product. The second prong was to provide supportive communication messages, either targeted or general, through mass media, peer education, and providing materials in high-traffic locations. By taking this approach, the social marketing programs would create demand while ensuring supply. However, as will be discussed, having equilibrium between supply and demand has not always been the outcome.

Funding and Results

In the last five years, social marketing activities in Haiti have received funding from USAID, the Global Fund, the CDC, and the KfW, among other donors. However, that funding has not been well coordinated and has fluctuated over time. Part of this fluctuation was due to a perception by USAID that social marketing programs were in certain areas, such as family planning, becoming less dependent on donor funding, but this decision was also based on a periodic lack of funds (primarily

POP funding) and a desire to motivate the Ministère de la Santé Publique et de la Population (MSPP) to take on more of a leadership role. But, as is the case with many countries, donors also have had different priorities, different timing of funding availability, and different rules and regulations as to how their funds can be spent. In consultation with implementing organizations based on projected sales figures, to support the social marketing activities, USAID, from January 2004 through December 2009, has ordered products totaling nearly \$3.1 million. However, it should be noted that this is significantly lower than the nonbranded products that USAID has ordered to support other larger health initiatives. Those product values from September 2005 through the end of 2008 total nearly \$10.5 million.

These levels of funding, both for social marketing activities and their corresponding commodities, invite the question as to what have been the results achieved for these investments. As mentioned in the introduction to this assessment, at the macro level there have certainly been improvements in the targeted health areas that the social marketing program has addressed. How much of those improvements are due to social marketing either directly or indirectly will mainly be based on hypothesized correlations. USAID/Haiti has within recent years chosen not to emphasize or examine the immediate results that are attributable to its social marketing programs and, as such, currently has only one lower-level indicator related to its social marketing program. However, there are studies, mainly conducted by PSI, that do shed some light on some of the results achieved by their social marketing program.

PSI has used two main types of studies in Haiti to track its program's performance. These two methods are the Measuring Access and Performance (MAP) study and the Tracking Results Continuously (TRaC) study. To track product sales, the MAP studies measure variables such as coverage, quality of coverage, penetration, and the access rate not only for socially marketed products, but for the public sector and commercial distributors as well. The annual population-based TRaC studies, which were first used in Haiti starting in 2006, focus mostly on level of usage of a product among individuals and the factors (opportunity, capacity, motivators) that influence usage. In other words, TRaC studies focus on behavior change variables. Some of the highlights from these two types of studies include:

- Coverage¹⁷ for the branded male condom, Pantè, was 73 percent nationwide, 50 percent for rural areas, 97 percent for urban areas, and 95 percent for those areas designated as high-risk areas for HIV. Coverage for commercial sector condoms was 27.1 percent nationwide and public sector coverage was 9.3 percent.¹⁸
- The coverage of PSI's branded female condom, Reyalite, though, was much lower, with a 17.6 percent coverage nationwide, 24.4 percent in urban areas, and 8.2 percent in rural areas.
- Male condoms were estimated to be accessible to 75 percent of the population, whereas female condoms were accessible to 20 percent of the population. In both cases, the sales price for both types of condoms was higher than recommended (11 percent higher for male condoms, 230 percent higher for female condoms).
- Twenty-four percent of the population had access to PSI's oral contraceptive, Pilplan, and 28.8 percent had access to its injectable contraceptive, Confiance, in 2006. Pilplan, though, was being sold on average at more than nine times its recommended price and Confiance was sold at four times its recommended price.

¹⁷ Coverage is defined as the proportion of census enumeration areas in which the product is usually sold in at least one outlet.

¹⁸ Population Services International, *Haiti (2008): MAP Study Evaluating the Coverage, Quality of Coverage, Access, and Penetration of Condoms*.

- Coverage for Pilplan was 39.4 percent for urban areas compared to 7.4 percent in rural areas; likewise, coverage was lower for Con fiance in rural areas at 14.8 percent compared to 39.4 percent in urban areas.¹⁹
- Women who had a good social support system were more likely to use a family planning method. Based on the 2007 study, the biggest concern among women for not using a family planning method was the potential for side effects.²⁰
- In the 2007 study regarding oral rehydration salts (ORS), it was revealed that 37.8 percent of the infants of the couples interviewed had had a diarrheal episode in the two weeks preceding the study, that 61 percent of them had given their infant ORS during the last diarrheal episode, and that 31 percent of those had provided the treatment correctly.
- Nationwide coverage of PSI's ORS product, Sel Lavi, had increased from 39 percent in 2006 to 45 percent in 2008.
- Many of the participants in the ORS study did not believe diarrhea to be a severe malady and that their infants had only a small chance to have a diarrheal episode.²¹

While the results of these studies and the estimation of DALYs²² from their social marketing activities has certainly assisted PSI in adjusting its program when needed, there is little evidence that the data generated have been used for any larger purpose, or that any other USAID-funded projects in Haiti are using DALYs as a measure. In other words, it is difficult to compare impacts across projects.

The best practices and lessons learned from the nearly 20 years of social marketing in Haiti could provide valuable lessons to other organizations, including USAID, the Government of Haiti (GoH), specifically the MSPP, and other donors, and could further provide the buy-in needed from both the public and private sector. In addition, the knowledge generated could help all social marketing partners in Haiti plan their efforts more strategically. While it is acknowledged that knowledge management relating to public health in the developing country context is, for various reasons, difficult to administer effectively, its use to provide information for decision makers is essential to advancing scientific and technical progress in the Caribbean region.

Targeting Populations

For each targeted product and service that was part of the social marketing programs, there was, likewise, a targeted population and, in some cases, more heavily targeted geographic regions. While the general targeting parameters were derived from the overall epidemiological knowledge of the country and from historic best practices, the specifics were derived from market research conducted before product introduction. Because some products have a long history of in-country presence (for example, socially marketed family planning products have been in Haiti for nearly a dozen years), this

¹⁹ Population Services International, *Haiti (2006): Étude MAP sur la disponibilité des produits de marketing social (Préservatifs, Contraceptifs hormonaux, MCH, Moustiquaire imprégnée), Volume II: Contraceptifs, Pilplan et Con fiance.*

²⁰ Population Services International, *Haiti (2007): Planification Familiale Enquête TRaC Examinant l'utilisation des méthodes contraceptives modernes parmi les femmes en âge de procréer de 15–49 ans.*

²¹ Population Services International, *Haiti (2007): Santé Materno-Infantile Etude TRaC Evaluant l'utilisation des produits de Purification d'Eau (PUR) et des Sels de Réhydratation Orale (SEL LAVI) chez les enfants de 0–4 ans.*

²² DALYs for a disease are the sum of the years of life lost due to premature mortality in the population and the years lost due to disability for incident cases of the health condition. The DALY is a health gap measure that extends the concept of potential years of life lost due to premature death to include equivalent years of “healthy” life lost in states of less than full health, broadly termed disability. One DALY represents the loss of one year of equivalent full health. PSI/Haiti has estimated that during 2003–07, the gains were 78,000 DALYs for HIV-related products, 11,575 DALYs for FP-related products, and 6,029 DALYs for MCH products.

market research has been periodically updated to determine any shifts in the behaviors, purchasing power, and preferences of the targeted population. In general, though, the following social marketing strategies are aimed at target populations as such:

- HIV/AIDS: youth and other high-risk groups such as commercial sex workers and their clients, nationwide, with an emphasis on hot zones (high-prevalence areas);
- Family planning/reproductive health: women of reproductive age, done nationwide;
- Maternal and child health: primary caregivers for children under five, and infants six months to 24 months, done nationwide;
- Malaria: pregnant women and children under five done on a nationwide basis; and
- Volunteer blood donations: done nationwide in schools and clubs, at special events, and at nationwide networks of youth.

Haiti, with a population of 8,938,655, of whom approximately 13.1 percent (1,170,963) are under five years of age, with 46.7 percent of women in the reproductive ages of 15 to 49,²³ and an HIV prevalence among adults estimated in the range of 2.2 to 3.8 percent, certainly does have a sufficiently large enough population among the target groups to warrant a social marketing program. When these demographic data are compounded with levels of poverty previously cited, a social marketing program that can provide accessible and affordable products combined with messages motivating positive behaviors becomes nearly imperative.

It must be reinforced that in Haiti, as elsewhere, the social marketing program is not solely about determining a market, introducing a product and/or service, and then increasing demand through communications. The social marketing programs in Haiti are also about building the capacity of local organizations and individuals to eventually take the lead in implementing activities. For example, peer educators are often used as actors in the television and radio spots that have been produced, and in all cases, communication materials are pretested among the target groups that are often involved in project design from the initial stages. Further, in Haiti social marketing programs have provided training to participants on topics such as market research, creating advertising and mass media campaigns, improving supply chain management, and population-based studies. Finally, in working with local social marketing organizations in areas such as financial management, corporate governance, and marketing, the Haiti social marketing programs can leave behind a legacy of entrepreneurs and successful businesspeople who have built their own networks and distribution channels.

Distribution

While all the social marketing products have some commonalities in how they are distributed, such as using a sales agent to work with both the private commercial sector (wholesalers with distribution networks and retailers) along with NGOs, there are variations in the specifics of their distribution. Male and female condoms are starting to be more heavily distributed in those areas with HIV prevalence, and also significantly rely on using NGOs to reach high-risk populations. The socially marketed family planning/reproductive health products (oral contraceptives and injectables) rely more on pharmacies, health centers, and hospitals because of the need for instruction on their usage and potential side effects. Indeed, in some areas, health agents are used to both promote the products and explain their use to potential prescriptors. Because the USAID-funded Pwojè Djanm project aims to increase the use of an integrated package of basic health services that includes

²³ Institut Haïtien de l'Enfance and Macro International, Inc., *Enquête Mortalité, Morbidité et Utilisation des Services EMMUS-IV, Haïti 2005–2006*.

maternal and child health care and family planning services, there is an emphasis on distributing socially marketed products at Pwojè Djanm sites.

Maternal and child health products, including water treatment kits, ORS, and micronutrients, are mostly distributed through the commercial and medical network, with a special emphasis on pharmacies and health centers. Additional partners for reaching hard-to-access populations include NGOs, community-based organizations (CBOs), outreach workers, and faith-based organizations (FBOs). Like the products for family planning, some of these products are targeted for distribution at Pwojè Djanm sites in support of its goals. Malaria products, mostly ITNs, have historically been sold through pharmacies and wholesalers, but are targeted to become a freely distributed product if Haiti's Round 8 application to the Global Fund is approved. Social marketing programs would continue to promote ITN use.

In all cases, for these socially marketed products, strategic decisions had to be made in terms of how to best reach urban and rural populations, whether to use formal or informal distribution channels, and how to avoid leakage of products. Typically, coverage of most socially marketed products is at least twice as great in urban as in rural areas,^{24,25} with recognition that this is a problematic issue, but not with many available solutions. Even with an increased number of sales agents, a tighter distribution network, and outreach through public events, distributing in remote areas with poor infrastructure will continue to pose challenges. Compounding this insufficient distribution in rural areas is a sometimes inconsistent social marketing supply chain and suboptimal forecasting. In the case of some products with shorter expiration dates and requirements for continuation of usage (oral contraceptives), remedying the rural supply chain is of utmost urgency.

Further, in the case of hard-to-reach populations either because of social (commercial sex workers, marginalized women, people living with HIV/AIDS) or geographic (the rural poor) causes, social marketing programs in Haiti needed to be creative in their usage of distribution channels. As mentioned, many of the products that were socially marketed in Haiti were historically distributed through a formalized network-producer to wholesaler to retailer to beneficiary. But, as has been repeatedly shown worldwide, in order to reach marginalized groups, it is often best to have persons of their same peer group be their main point of contact. These more informal networks, such as peer educators, specialized NGOs, and community-based health workers have been utilized in Haiti, but it is uncertain whether they have been fully developed or networked together to share experiences and lessons learned.

Finally, like social marketing programs worldwide, the one in Haiti has to face the issue of leakage of products. In some instances, as was observed during the site visits, free products are being sold or being repackaged and sold as branded products, branded products are being sold as individual pieces (this is the case with oral contraceptives) or used and then refilled with other materials (this is the case with water purification systems), or leaking into the Dominican Republic, where they are sold at higher prices, albeit lower than normal commercially available products. This is obviously problematic because of the mixed message it sends to end users. One measure to mitigate this issue has been the monitoring of sales in the border area with the Dominican Republic and a follow-up investigation when a larger order is placed from a particular distributor. An additional solution to halt the repackaging of products would be to design the packaging such that it has a safety/use seal that, if broken, would indicate to the client that the product has already been used.

²⁴ Population Services International, *Haiti (2008): MAP Study Evaluating the Coverage, Quality of Coverage, Access, and Penetration of Condoms*.

²⁵ Population Services International, *Haiti (2006): Étude MAP sur la disponibilité des produits de marketing social (Préservatifs, Contraceptifs hormonaux, MCH, Moustiquaire imprégnée), Volume II: Contraceptifs, Pilplan et Confiance*.

Uncertain pricing (is the product free or priced?) can damage the value of the brand along with the reputation of distributors and vendors, selling individual pieces can result in mistaken beliefs about the effectiveness of the product, reusing a product with counterfeit materials can destroy not only the brand reputation but the whole product line, and leaking products into neighboring countries causes price distortions in both the sending and receiving countries. While leakage of products is a common phenomenon, for any social marketing program to have long-term success and convince its partners of its value, these problems need to be mitigated.

Pricing

One of the key issues in any marketing program, whether social marketing or commercial, is to understand how to set prices. Studies on Haitians' willingness and ability to pay for socially marketed goods have been conducted and the results are presented in Figure 3.

Figure 3: Willingness-to-Pay Data, Price Data, and Procurement Prices of Socially Marketed Products

| Product | Maximum Price Willing to Pay, in Gourdes | Social Marketing Price, in Gourdes | Actual Price as a Percent of Maximum Price | Unit Price Procurement USD/Gourdes (40 gds = 1 USD) |
|--------------------|--|------------------------------------|--|---|
| Male condom | 25/packet of four | 10 | 40% | .37/15 |
| Female condom | 29.4/package of three | 10 | 34% | .80/32 |
| Injectable | 65/l for three months | 30 | 46% | 1.01/40 |
| Oral contraceptive | 48/l cycle = 28 pills | 15 | 31% | .23/9 |
| Micronutrient | 116.73/30 vitamins | 55 | 47% | Unknown |
| ORS | 22/pack of three (7.33/one) | 5 | 68% | Unknown |
| ITN | 292.70/l | 200 | 68% | Unknown |

In most cases, the socially marketed product is less than 50 percent of what the maximum amount a Haitian would be willing to pay for it, thus, ensuring affordability. This also allows for other segments of the market to be targeted by the private commercial sector if they chose to introduce additional brands. However, even though, the social marketing organization may set its optimal price, that does not mean it is the price that the end user pays. In a number of studies, the prices for many of the socially marketed products were significantly higher than what had been planned. This increase ranged from 11 percent for male condoms to 47 percent for oral contraceptives to 230 percent for female condoms.^{26,27} One hypothesis is that this pricing distortion is due to a particular product not being widely enough available in a particular area; when there are enough sales points, the price tends to be closer to the recommended price. In other words, it is an issue of supply and demand. Measures to address this problem have included creating new sales points to ensure product

²⁶ MAP Study Evaluating the Coverage, Quality of Coverage, Access, and Penetration of Condoms.

²⁷ Étude MAP sur la disponibilité des produits de marketing social (Préservatifs, Contraceptifs hormonaux, MCH, Moustiquaire imprégnée), Volume II: Contraceptifs, Pilplan et Confiance.

availability and visibility, ensuring a continuous supply of stock, communicating the correct price during promotional activities and in campaigns, and discussing the issue with noncompliant wholesalers such that they will be replaced in the network if the official price is not respected.

When these pricing distortions occur they will not only disrupt the market because of confusing the consumer, but will, of course, affect the affordability of the product and, hence, their usage. When a socially marketed product is no longer within a well-researched price range, the demand for that product among both new and continuing customers can be dramatically reduced. For example, when PSI in 2004 doubled the price of its socially marketed male condom, Panté, to stop leakage across the border into the Dominican Republic, it saw its sales fall from approximately 6.54 million in 2004 to approximately 3.47 million in 2005, and has had to spend considerable time and effort to raise the number of units sold.

Sales Figures

Sales do remain strong for most socially marketed products, as presented in Figure 4, which reflects a sample of some of the products currently available in Haiti. Sales either increased or remained stable during 2006–07 and appear to be increasing for 2008, for which data are available through May. When there has been a decrease, it was typically because of an issue outside the manageable interest of the social marketing program. In other words, there has been no inherent decrease in demand. For example, in the case of ORS, the decrease during 2006–07 was due to a stock-out of product because donor funding ended in 2005 and the remaining ORS was sold through 2007. However, by 2007, a revolving fund had been established for ORS, allowing its procurement later that same year and leading to a dramatic increase in sales by 2008. Likewise, the current decline in micronutrient sales is due to declining funding. Other products such as female condoms and injectables need intensive communication efforts, and, thus, consistent donor funding as well, to debunk a number of myths and taboos surrounding their use. Unfortunately, there have often been gaps in the funding for those products.

Figure 4: Sales of Various Socially Marketed Products, by Year

| | Male Condoms | Female Condoms | Oral Contraceptives | Injectables | ORS | Micronutrients | ITNs |
|-----------------|--------------|----------------|---------------------|-------------|---------|----------------|--------|
| 2006 | 4,485,872 | 66,375 | 218,416 | 171,742 | 543,933 | 1,195,345 | 65,367 |
| 2007 | 4,789,850 | 113,091 | 226,315 | 142,807 | 75,165 | 521,343 | 68,049 |
| 2008 (thru May) | 2,136,842 | 22,794 | 161,225 | 155,415 | 501,395 | 201,144 | 39,706 |

But what is equally if not more important is continuation rates. In other words, it is not sufficient to introduce a customer to a socially marketed product; ensuring that there is future, consistent, and correct use is important as well. Unfortunately, there are limited data on continuation rates specifically as to how they relate to social marketing campaigns. While the Demographic and Health Survey (DHS) does address continuation rates for all family planning methods, and PSI TRaC’s study²⁸ does provide the descriptive statistics²⁹ and anecdotal evidence linking increases and decreases in sales of products to social marketing efforts, this is not sufficient. One of the critical questions to address is the programming of efforts to introduce new customers to the products versus retention

²⁸ *Planification Familiale Enquête TRaC Examinant l'utilisation des méthodes contraceptives modernes parmi les femmes en âge de procréer de 15–49 ans.*

²⁹ Rates for “intention to continue” are highest for injectables, followed by oral contraceptives and male condoms and implants.

of current users. Understanding the relationship between active and passive sales and new and returning customers, and how social marketing efforts should approach each, is something that any social marketing program needs to address.

Communication Strategies

Providing products is only half of the equation in a social marketing strategy. The other half consists of communication strategies in order to induce a positive behavior change. The media used to do this in Haiti are varied, but can be divided into two main categories, namely, those aimed at the general population, and thus considered mass media, and those aimed at specific target populations and usually involving more interpersonal communication. Further differentiation can be made as to whether to use a branded media campaign to promote a specific product, or a nonbranded media campaign to promote healthy behaviors and health products in general. All are used for social marketing in Haiti.

Another of the differentiating factors in the communication campaigns is the methods used for Haitian rural and urban areas. Urban audiences are more likely to have access to a television and may be more likely to be literate; thus, messages are targeted through this medium and are both text and pictorially based. Products in urban areas are also frequently distributed through more formal sales points such as boutiques, markets, pharmacies, and hotels. Communication strategies for rural audiences have been primarily via radio—especially community radio. Other techniques have included interpersonal communication and materials that are frequently more pictorial. In rural areas, CBOs and community leaders play a key role as the entry point for difficult-to-access populations, with product distribution in very rural areas frequently through the informal sector on market days (vendors that sell goods on particular days during the week).

From the ubiquitous wall paintings for Panté, to the peer educators informing commercial sex workers about female condoms, and community-based workers promoting water treatment systems, there has been an enormous amount of effort put into behavior change and communication in Haiti. Some targeted campaigns, such as Condomania, which built the capacity of commercial sex workers to negotiate condom use with their clients, provided useful results.³⁰ Other activities include television and radio advertisements, printed materials including posters, billboards, and pamphlets, activities designed around special events, community mobilization, peer education, and instructional materials either printed or inserted within the product.

Yet despite these efforts, it appears that sales taper off unless there are constant reinforcing messages even when there are few competitors in the market. Limited, reduced, or fluctuating funding for social marketing often results in the inability of the implementing organization to target follow-up messages. Further research needs to investigate whether this sales drop-off is a result of the quality of the messages, that social marketing messages are inducing a demand that would be significantly lower if the program did not exist (despite, the DHS's findings of unmet demand for family planning), low retention by customers, competing messages and products, or some other reason. This issue needs to be further examined in order to move Haitians from short-term to long-term behavior changes. Without understanding this key issue, the health gains from the social marketing programs may not be sustainable.

³⁰ Population Services International., *Haiti (2006): VIH/SIDA Etude TRaC Examinant l'utilisation du condom parmi les Travailleuses de sexe*. This TRaC study showed that 82.8 percent of commercial sex workers used a condom with their last client, 78.6 percent used condoms with their regular partner, and 62.5 percent always used a condom with their client.

Observations from Site Visits

As part of the assessment, 12 site visits were conducted at a variety of social marketing wholesale and retail venues in Haiti during August 2008 in the Ouest, Sud, and Sud-Est departments. Part of the site visit team consisted of social marketing sales agents, because they are the first line of contact between the sellers of the products and the social marketing program. Their roles cannot be overestimated in determining the success of the program. They provide valuable feedback from the sales points, and in the more remote areas they are sometimes the only link between the end beneficiaries and the needed products. Most sites visited reported seeing their sales agents on average once a week. In visiting the sites a number of consistent themes about the social marketing program were repeated and are summarized in the Figure 5.

Figure 5: Strengths, Challenges, and Future Opportunities of Social Marketing as Expressed by Site Visit Participants

| Strengths | Challenges | Opportunities |
|--|--|--------------------------------------|
| 1) Have buy-in from wholesalers and distributors | 1) Continued stock-outs | 1) Future publicity campaigns |
| 2) Products are easy to sell | 2) Competition (free and commercial products) | 2) Sales and purchase incentives |
| 3) Strong networks | 3) Correct brand image and client base | 3) Sales points for product feedback |
| 4) Strong training program | 4) Downward substitution effect | 4) Sales points as brand builders |
| 5) Brand recognition | 5) Leakage, repackaging, and splitting of products | 5) Use of medical agents |
| 6) Strong media campaigns | 6) Credit | 6) Pricing |

One of the greatest strengths of the current social marketing programs in Haiti is that the persons involved at the sales points have a solid understanding of what social marketing is and have a strong desire to improve the health of their communities. Some have even sold products for less than the recommended price and at times have distributed them for free when needed. Most expressed concern that, because the MSPP is currently unable to fully respond to needs of Haitians, social marketing products have become a necessity. They all also remarked that, because of the strong support system provided by social marketing programs, the corresponding products were often easier to sell than competitor products. Like the social marketing program, the wholesalers themselves have a strong network through which to resell to retailers (pharmacies, hospitals, dispensaries, private physicians, supermarkets, hotels, and kiosks). By linking into their preexisting networks, products are more easily distributed and more accessible to the end users.

Most of the people interviewed during the site visits expressed their appreciation for the training that was given, usually by a sales agent. They noted that their sales agents had provided them with assistance on how to set prices, how to monitor stock, how to provide accurate information to their customers, what to do with expired products, and how to prevent leakage of products to places such as the Dominican Republic. They noted that because of the social marketing media campaigns, both mass media and targeted messages, not only were the social marketing brands more easily recognizable by the public, but these communication efforts had also improved the perception of using, for example, family planning products.

However, all expressed a number of concerns about working with a social marketing program. Chief among the issues was continued periodic stock-out of products. While some of this occurs because

of unexpected demand for certain products, a good portion of this is also due to flaws within the logistics, forecasting, and distribution system. Obviously, of greatest concern are the stock-outs of family planning products and ORS. In the case of family planning products, because they contain not only the product, but additional informational packaging as well, this requires an additional step in coordinating all of the materials and associated logistics. For ORS, as has been mentioned, declining funding to support the product resulted in previous stock-outs. In both cases, and with other products as well, any importer of goods, including social marketing programs, is dependent on the proper functioning of the customs department. Unfortunately, in Haiti, the functioning of the customs department is often a challenge, resulting in frequent delays in the importation of the products.

Not only are sales impacted immediately, but future sales also are affected because customers no longer consider the vendor a reliable source of products. Further complicating this issue is the lack of coordination at higher levels as to where free, socially marketed, and commercial products will be made available. The impact of this poor coordination is of substantial importance at the site level, where customers tend to “substitute down” when free products are available and “substitute up” when free products become scarce. This results in inconsistent demand, which leads to poorer forecasting and, hence, to additional stock-outs.

Many also expressed concerns about how the target populations were determined and the methods used to reach them. Socially marketed condoms tend to be perceived as for poor or low-income individuals, compared with commercially available condoms, which are marketed primarily around increased sexual stamina and pleasure. Socially marketed condoms also have to compete with increasingly available free condoms, and as such, have yet to have a consistent core group of users, especially among youth. Additional concerns about socially marketed family planning products were raised as well. Some of the sales points saw price as a barrier to using a socially marketed family planning product. When free injectables and oral contraceptives were available at the health centers, sales of the socially marketed counterparts tended to decrease. Some noted, however, that the greatest impact of the socially marketed family planning products was among better-educated women with slightly higher income levels and that the communication messages were not using the right media to reach the truly marginalized women.

Leakage, in many different forms, also continues to be an issue at the site level. People continue to come from the Dominican Republic to buy socially marketed condoms, some sales points are having to break down pill packs since some clients can only purchase part of the full cycle at one time, no-logo products are being repackaged and sold as branded products, and water treatment bottles are being used and then refilled with plain water or even possibly contaminated water, though repackaging the product with a safety seal and informing distributors and consumers of the repackaging could significantly reduce this problem. Finally, a number of the sites visited expressed their frustration that they were no longer being allowed to carry products on credit and wished to see this rectified.

All of the interviewees noted that the media campaigns, both targeted and for the general population, had to some degree been successful in increasing sales and wished to see them continued in the future. The use of local public events was thought to be highly effective for reaching the most marginalized and remote populations. They also pointed to the use of sales agents as strong promoters of the socially marketed products and believed that health agents, especially those focused on follow-up with customers regarding family planning/reproductive health product side effects, would be a good addition to the promotion efforts. These health agents could go to these same community events, local promotions, and the marketplaces to meet with clients to provide answers to their questions about the socially marketed products.

Other ideas put forward for increasing brand awareness and sales included organizing activities with prizes or lottery drawings along with an increased emphasis on community-based peer education to

reach poorer populations. Some of the wholesalers also mentioned that the social marketing programs should consider giving them the same types of incentives that the commercial sector does, namely, discounts on the wholesale price and transport fee and perhaps a sales bonus structure. Many of the wholesalers also stated that raising the brand image was bi-directional. That is, the brand image of the wholesaler's store was raised by carrying the socially marketed product while at the same time the socially marketed product's brand image was raised by being sold in their stores. Finally, these sales points are on the front line of receiving feedback from clients and, as such, a feedback mechanism should be introduced that allows them to formally provide grassroots-generated ideas back to the central level.

Collaborative Efforts with the Ministère de la Santé Publique et de la Population (MSPP)

Any development program that aims to be sustainable should be both understood by the host country government and have its buy-in as well. Social marketing is no exception. Evidence of buy-in into a social marketing program should not only be that the MSPP officials state that they are supportive of it, but that there should be documents, policies, and activities developed by the MSPP that are conducive to implementing a social marketing program. To date, there has been little initiative on the part of the MSPP to develop a national plan for social marketing or to budget any funds for it, nor has there been a strong advocacy for it. Whether this is due simply to a lack of resources, human, technical, and financial, or because the MSPP only grudgingly accepts that social marketing has a role in healthcare programming, is debatable. Certainly, social marketing runs counter to the Government of Haiti's philosophical underpinnings that healthcare products should be provided for free. Interviews with MSPP staff do, however, demonstrate that they have an understanding of and appreciation for the role that social marketing can have. Further, social marketing can support some of the MSPP's explicit goals such as educating the Haitian population about their personal risk for HIV and having them adopt safe and healthy behaviors.

Staff at the MSPP clearly understand the basic functions of social marketing and that it can serve as an alternative source for those persons who would prefer not to go to a clinic and can afford to pay for a product; it serves as a bridging function between the public health centers and their free products and the private commercial sector. Further, MSPP staff cited the use of mass media in demonstrating the importance of condom usage, family planning, and reducing the stigma associated with both that often serves as a barrier to use. They stated that social marketing mass media campaigns were able to access hard-to-reach areas and were especially effective in their targeting of youth and marginalized populations, such as commercial sex workers. While the general opinion is that it would be better to be able to offer products and services for free, MSPP staff did note that the social marketing products were affordable and usually readily available.

Though the MSPP does advise on educational materials, and social marketing activities do require the MSPP to approve of them, overall coordination of social marketing efforts remains weak. Part of this is due to the previously mentioned shortage of resources within the MSPP, but other factors include the different planning perspectives of the partner organizations. In other words, while the MSPP may develop a longer-term strategy for improving health care in Haiti, donor-driven programs are typically of shorter duration and subject to changing donor priorities. Further compounding this is the differing agendas among the donors themselves and the continued limitation of the MSPP to play the central role in coordination. Finally, there is a lack of coordination at the departmental level as well. This is particularly crucial to resolve because within the Government of Haiti only the MSPP is decentralizing planning and decision making to the departments and communes. While the MSPP usually has a good overview of the social marketing activities that are occurring at the national level, their counterparts at the departmental level are not as well informed. Obviously, this is a cause for tension when social marketing activities begin in a department without fully informing their governmental counterparts and when they are not incorporated into departmental-level plans.

In addition to strengthening the coordination function, the MSPP also had some clearly delineated ideas for improving the social marketing programs in Haiti. While accepting that social marketing products will not be free, MSPP staff are concerned that the products are increasingly becoming unaffordable for the poor because the price has increased while necessities such as food are also becoming more expensive. Suggestions included the distribution of social marketing products through targeted NGOs that would then use their networks to market the products at a lower price to the very disadvantaged while leaving the store prices the same. Building on the concern about coordination, the MSPP also wanted to see a better demarcation between where social marketing products would be sold and free products would be offered. This would include a more targeted distribution, better management of the commodities, and a departmental-level plan for points of sale.

Other suggestions included a more youth-oriented focus, aggressively targeting urban slum populations, involving more Government of Haiti ministries, and better national-level data. One observation and suggestion of particular importance was that social marketing programs tend to initially strongly target specific populations, but then have a significant drop-off in follow-up activities. This can, of course, affect the sustainability of the overall program, but can just as importantly affect the continuation rates of products.

Social Marketing's Collaboration with the Private Sector

Ideally, in the implementation of a social marketing program, the private commercial sector is a full partner in developing the market. Social marketing can serve as the impetus for greater private sector involvement, including providing the market research to demonstrate to the private sector that there are multiple markets for multiple products at various price points. This can include sharing willingness-to-pay data and behavioral surveys to serve as a guide for appropriate price setting and communication design. Though at some level this may have occurred in Haiti, there appears to be a large disconnect, because the private commercial firms that took part in this assessment were not aware of any market research that a social marketing program had done. Indeed, they stated that they had little contact with any social marketing program to date, and the same statement applies to their interaction with the MSPP. This is unfortunate because the private commercial sector appears to eagerly want to collaborate in growing the market for health products.

Currently, most private commercial companies in Haiti represent and distribute products for foreign companies. There is very little indigenous growth in this area. Most private distributors have a wide variety of prices and products for male condoms, but are much more limited in other products, such as family planning methods. For example, the price range for private branded condoms starts at approximately 15 to 20 gourdes for a package of three, and is as high as 100 gourdes for certain brands. Unlike the socially marketed products, the private commercial distributors of male condoms instead stress ideas such as pleasure and the quality-price relationship, and build their brands around the idea of being “cool.” This is in contrast with the socially marketed products, which tend to stress the health aspects and put less emphasis on building the brand around the perceived price-quality link. Distribution is through a number of sales points including supermarkets (for sophisticated shoppers), pharmacies, hotels (considered “hot spots” with their own on-site sales agents), and gas stations. The long-term viability of these higher-end products is still in question because the combination of rising supplier prices and falling demand may call for a new strategy.

A social marketing program in Haiti could assist the private commercial sector in a number of ways. Not only can it reinforce its information-sharing efforts in terms of market research, but it can also invite the private sector into its planning and distribution meetings so that all partners could periodically adjust geographic and demographic targets. A number of private sector partners are members of an association of pharmaceutical distributors and this can serve as an entry point for accessing its members. Particularly useful would be for a social marketing program, when hosting promotional health events, to invite private sector commercial distributors for a wide range of brands to attend and share information with potential clients. The costs associated with attending these

events, though, would be borne by the private sector itself. This is based on the perception that the previous generic social marketing campaigns also increased demand for the private sector products. Finally, the social marketing program must also work with the private sector on issues of advocacy with the MSPP. In Haiti, one of the main detriments of further involvement of the private sector is the current 20 to 30 percent tax mark-up on some health products, such as male condoms, because they are not deemed an essential medical product. Future competition in this area will require a level playing field if the private sector is to be expected to continue selling products at a profit.

III. USAID/HAITI'S MANAGEMENT OF ITS SOCIAL MARKETING PROGRAMS

While USAID's support for social marketing has been ongoing for nearly 20 years, and within the health team there is a general consensus that it does have an important role to play in supporting USAID's health portfolio, within the last several years there was little systematic analysis conducted of exactly what a USAID-supported social marketing program should try to achieve. Further, USAID/Haiti's Performance Monitoring Plan (PMP) for the health sector contains only one indicator (number of targeted condom service outlets) that is directly the responsibility of USAID's current main social marketing implementer (Population Services International, PSI). That indicator, depending on its interpretation, can be considered either an input or output indicator. In either case, despite the number of years and large amounts of funding USAID/Haiti has invested in social marketing, it is still only focusing on lower-level indicators rather than asking if its social marketing programs have had any influence on higher-level indicators such as health outcomes and health impact. Other indicators included within the extensive PMP do not reference social marketing, yet there are several that could be at least partially attributable to a social marketing program. These are listed in Appendix C.

The management of USAID/Haiti's social marketing program primarily rests with the health team as part of the Health and Education office. Its current structure is a field-support buy-in to the global indefinite quantity contract (IQC) mechanism of PSP-One with Abt Associates as the primary contractor and PSI as Abt's subcontractor. The Cognizant Technical Officer for PSP-One is in USAID/Washington, with the day-to-day activity management taking place at the mission level. While this practice is common, it does to some degree dilute the oversight that the mission can have of the program.

Within the health team there is a point person responsible for social marketing efforts, and a number of different persons contribute to the social marketing program because of their technical expertise. It was unclear, however, how well that technical input from the health team and other United States Government representatives (the CDC and Title II program officers) had previously been coordinated prior to this person being hired. For example, in the PSP-One work plan for October 1, 2007 to September 30, 2008, the focus is on "Improving the effective distribution of condoms and scaling-up of targeted communication activities to improve personal risk assessment in Haiti." The primary focus is on HIV, yet even this activity could have also focused on family planning/reproductive health issues and a dual protection issue.

SOCIAL MARKETING'S ALIGNMENT WITH OTHER USAID AND GOVERNMENT OF HAITI PRIORITIES AND PROGRAMS

While not having an explicit strategy itself, USAID/Haiti's social marketing efforts have supported USAID's program objectives, other USAID programs, and Government of Haiti priorities in health. Within USAID/Haiti's overall goal of stability in Haiti, there are two program objectives directly related to health. They are Program Objective 3.0 "Investing in People," with the Results Statement "Increased Access to Quality Social Services," and Program Area 3.1 "Health" with the Results Statement "More Equitable Access to Quality Health Services." Further subdivisions among these program objectives focus on technical areas including HIV/AIDS, tuberculosis (TB), maternal and child health, family planning and reproductive health, and clean water and sanitation. Thus, USAID's social marketing programs do provide support to four of the five technical areas and both Program Objectives.

By raising the visibility and subsidizing the access to the socially marketed products including condoms, oral contraceptives, injectables, water treatment systems, and oral rehydration salts,

USAID is clearly supporting HIV/AIDS, maternal and child health, family planning and reproductive health, and clean water and sanitation. Through the adjunct behavior change communication (BCC) messages, it is further creating a positive public health impact and has an indirect and direct impact on many of the indicators included within its PMP. Further, by partnering its social marketing program with other initiatives such as its Pwojè Djanm project through mass media campaigns, it is increasing awareness of health services and health-seeking behaviors. In some cases, USAID's social marketing program is providing products, product promotion, and health education where there is little other coverage by either the public or private sector. Therefore, USAID/Haiti's social marketing programs also, though indirectly, contribute to other Program Objectives such as: 2.4 Civil Society, 3.2 Education, 3.3 Social & Economic Services & Protection for Vulnerable Populations, 4.6 Private Sector Competitiveness, 4.7 Economic Opportunity, and 4.8 Environment.

USAID's social marketing efforts, likewise, support many of the strategic objectives of the Government of Haiti in reaching the Millennium Development Goals (MDGs), along with the health objectives stated in its National Strategy for Poverty Reduction.³¹ This includes reducing maternal mortality, infant mortality, and HIV incidence rates, mortality, and mother-to-child transmission. While social marketing may not directly contribute to some of the priority activities of the MSPP, such as strengthening hospital management or increasing access to essential medicines, it does contribute directly and indirectly to other areas such as institutional capacity building, increasing the contraceptive prevalence rate, and rationalizing resources. However, this statement should include an important caveat: any social marketing program undertaken by USAID/Haiti will be dependent on the funding flows and the source of those funds. In other words, the decision of where to place emphasis of efforts in a USAID-supported social marketing program often depends on the source of those funds (HIV/AIDS, POP, CSH, for example).

SOCIAL MARKETING AND OTHER PARTNER ORGANIZATIONS

Social marketing programs in Haiti have also partnered with several other organizations in the country in support of their goals. Because it often uses mass media campaigns, social marketing programs could theoretically be supportive of almost any organization with health programs in the same technical areas. However, there are a few organizations—the United Nations Population Fund; the Fondation Sogebank (Global Fund Principal Recipient); and the Leadership, Management, and Sustainability Project/Haiti and the Santé pour le Développement et la Stabilité d'Haïti Project (SDSH or Pwojè Djanm), both implemented by Management Sciences for Health—that have been particularly targeted for collaborative social marketing efforts.

United Nations Population Fund (UNFPA)

It is UNFPA's policy that there should be free contraceptive access for the entire Haitian population. As such, UNFPA supplies free intrauterine devices (IUDs), injectables, condoms, and implants, and supplied contraceptives through an emergency purchase when USAID had to reduce its program's coverage. Indeed, UNFPA stated that it could provide the entire Haitian population with contraceptives, but the distribution network is too weak to ensure access. Social marketing products have filled this gap along with those in the public health centers, and the generic information campaigns have raised awareness of family planning issues in general.

Currently, UNFPA's strategy is to advocate for social marketing efforts along with ensuring access to free products. Part of this strategy is to assist the GoH/MSPP in understanding the need for social marketing with the idea that it will be integrated into MSPP policy, and will have its own strategy

³¹ Ministère de la Planification et de la Coopération Externe, *Document de Stratégie Nationale pour la Croissance et la Réduction de la Pauvreté, 2008–2010*. Three of the objectives within this document are to address priority diseases, reduce maternal mortality, and increase the contraceptive prevalence rate.

developed and budget allocated. Further, UNFPA has written a document in which it has attempted to harmonize social marketing efforts with the distribution of free products. UNFPA also assists with the coordination efforts around social marketing by organizing meetings to discuss such topics as the distribution targets (both demographically and geographically) for the free and socially marketed products. However, to date, these coordination efforts have not been particularly effective because the targets remain unclear.

UNFPA will continue to remain an important partner for social marketing programs in Haiti in the upcoming years because its own three-year strategy highlights several important social marketing aspects. With an overall goal of reducing maternal mortality and with family planning an integral part of this goal, UNFPA will continue to advocate for social marketing and a free access strategy. Illustrative activities may include assisting the MSPP to articulate a social marketing strategy, and producing an advocacy document demonstrating that the current policy of complete free access is not effective. Other activities may include improving the distribution network such that there is one national commodity network, the creation of an alternative network for youth to access family planning methods, and the launching of a family planning strategy.

Fondation Sogebank (Global Fund Principal Recipient)

The Fondation Sogebank has been and is currently the Principal Recipient of several Global Fund grants, two of which involve HIV/AIDS and malaria and which also have social marketing components to them. The Round 1 grant for HIV/AIDS, which recently ended, was for more than \$63 million and included a substantial social marketing component primarily focused on condom promotion and distribution. The Round 3 grant for malaria has had more than \$11.5 million in funding disbursed and included the social marketing of insecticide-treated bed nets (ITNs).

With the Round 1 grant, the aim was to overcome the stigma associated with condoms, to overcome culturally negative perceptions, and to use social marketing and health education as tools to further promote condom usage. Staff at the Fondation Sogebank believe that the social marketing portion of the grant did, indeed, accomplish its goals, though there were a few obstacles that needed to be overcome. Approximately three years into the project, the sales of condoms stalled, due to many possible factors. It has been hypothesized that the stalled sales may have been due to competition from the commercial sector, a need to retarget the sales points, a price/quality perception, or simply the life cycle of the project. The outcome was to slightly raise the price of the product to overcome any negative perception regarding the quality of the socially marketed condom. This strategy and additional activities did, indeed, increase sales. If this Round 1 grant is approved by the Global Fund as a Rolling Continuation Channel, it will continue for an additional six years and will further scale-up the social marketing component, among other activities.

A slightly more challenging situation was the Round 3 grant for malaria. Specifically, there was a protracted debate about whether the associated ITNs should be distributed for free or as a socially marketed product. Basic arguments were made that a free net would carry lesser value for usage and that there was a willingness to pay for the nets, while others believed that as a public health issue, the nets should be distributed for free. The eventual agreement was that some of the nets would be socially marketed, while for targeted groups (pregnant women, and children under five years of age) some nets would be distributed for free. Haiti has applied for a Round 8 malaria grant, under which, if successful, ITNs would be distributed free to the entire population, although social marketing activities would continue to be used to promote net usage.

Leadership, Management, and Sustainability Project (LMS)/Haiti and the Santé pour le Développement et la Stabilité d’Haïti Project (SDSH or Pwojè Djanm)

Though both the LMS and SDSH projects have only begun their activities in Haiti during the last year, they provide many ample opportunities for potential collaborative efforts with the social marketing projects already underway in the country. In addition, because both projects are being

implemented by Management Sciences for Health, which also previously implemented Haiti Santé 2004 (HS2004), there is already a history of collaborative efforts. For example, HS2004 had a Memorandum of Understanding (MoU) to participate in social marketing efforts. As part of the MoU, the HS2004 project bought ORS to set up points of sales, with the social marketing partner providing educational materials and training. These efforts were not only specific to ORS, because general materials were provided for other health activities.

LMS project activities began in 2008 and are multifaceted. In general, planned activities include capacity building and the organization of services at both the national and department level along with commodity procurement and distribution. As part of its HIV activities, the LMS project will support nationwide at the departmental level BCC activities, conduct mapping exercises for coordination of HIV efforts, subcontract with local NGOs to do communication outreach activities among youth and orphans and vulnerable children (OVCs), and implement HIV prevention activities in the workplace. Further, it will assist the MSPP by providing technical assistance for community mobilization efforts and HIV prevention messages through the mass media. Finally, it will also provide no-logo condoms to 27 sites and through this activity strengthen the national system for distribution and management of condoms. Potential collaboration with social marketing efforts could include using social marketing to inform clients of condom usage and the distribution points for condoms, and overcoming barriers to condom use. In addition, as VCT services become more available, social marketing could be used to increase demand for those services as well.

The SDSH project, which is approximately one year into implementation, may also provide opportunities for collaborative efforts with social marketing programs. SDSH's main mandate is to increase the use of health services and promote healthy behaviors in five technical areas including HIV/AIDS, family planning, maternal and child health, TB, and safe water initiatives. It will do this through BCC activities and community mobilization efforts including health education and the formation of local health task forces. Through technical and financial support to 27 NGOs and 30 target zones, it will cover a total of 152 health service points and provide no-logo products (male condoms, oral contraceptives, implants, injectables, IUDs, and cycle beads) to its clients. Social marketing programs could assist SDSH in the area of market research and identifying clients for its health services, along with using nationwide general health messages to support local health promotion and nonbranded products. Specifically, the general health messages that a social marketing program could produce would assist in reaching those people who typically do not access any health services, including those service points that are part of SDSH.

Local NGOs and their Involvement with Social Marketing

Every international social marketing organization should have an eventual exit strategy. That is not to say that social marketing efforts will be discontinued, but rather that during the life of the initiative the ideal situation will be to develop local NGOs to eventually take over the leadership role. Haiti is no exception. While it may still be several years before any Haitian NGO is ready to serve this function, they are well underway in developing their technical and managerial skills, although other issues such as staff turnover require continual reinforcement of social marketing knowledge and understanding.

Within the social marketing programs they often serve as the best link to the hard-to-reach communities and remote geographic areas. Some of their illustrative functions include working with the local government doing outreach campaigns and public events in the local communities; working with small community-based organizations; taking a leadership role in community and youth mobilization; and providing health information through demonstrations, materials, products, and product information. In Haiti, they also can play an important supportive role as an additional advocate with the Government of Haiti around issues of cost recovery. In other words, by demonstrating to their government counterparts how to structure services, associated costs, and a

sliding scale for payment, they provide an example of how to make services available, accessible, and affordable.

Haitian social marketing programs have collaborated with local NGOs in a number of areas, such as outreach events. Further, the social marketing programs have provided a number of different trainings including those focused on learning the products, how to better manage the supply chain, how to best sell the product, and human resources technical issues. They have also collaborated on a number of BCC activities, CBO trainings, and trainings to commercial sex workers and young people on the social marketing of condoms.

However, there have been challenges during implementation, and part of these challenges is the changing guidance offered by the social marketing program to their local counterparts. For example, social marketing for a number of years in Haiti relied on a two-pronged approach for reaching its client base. Originally, it was a combination of mass media campaigns combined with intensive community activities. It then became almost solely a mass media campaign, before finally reverting back closer to where it originally started. These changes obviously affected the amount of local community involvement in which the NGOs engaged. There has also been a lack of clear direction within the social marketing program of how the free products and socially marketed products will continue to coexist. For example, for an NGO-run clinic that markets a package of services rather than a specific product, the free products would typically result in a lower service cost to the client versus a socially marketed good. This issue is yet to be resolved.

As they look to their leadership role in the future, there is a definite need among local NGOs for additional training in topics such as strategic communications, community mobilization, and logistical and financial management of all types of products and services. These trainings could even be structured as a training-of-trainers program, which would pass the knowledge generated from the international organization to the local NGO, and then to the CBOs. Further, this knowledge could also be extended to nonsocial marketing partners.

As mentioned, most of the NGOs are well underway in providing products and services, but they need additional operational and market research to help make programmatic adjustments. They are particularly worried about how to further reach marginalized populations; however, they do believe that accessing them through organized groups that already exist will yield a significant amount to a social marketing program. Additional possibilities for increasing accessibility could include the frequent use of local radio programs, and perhaps including social marketing product booths with health agents at SDSH clinics where people could receive follow-up advice, if needed. Like the social marketing wholesalers and retailers in the country, the NGOs have considerable concerns about the continued stock-outs. It is particularly important that family planning social marketing products provide a stop-gap when free supplies are not available. However, it is quite possible to have both systems stock-out and have no product available.

IV. SOCIAL MARKETING SUSTAINABILITY IN HAITI

While in the broader development context what constitutes a sustainable initiative is still greatly debated, in the more limited context of social marketing, there are several key factors by which a program can be evaluated. These factors include technical sustainability (including product, price, promotion and communication, and distribution), financial sustainability, institutional sustainability, and market sustainability.³² For example, in terms of financial sustainability, a social marketing program that can increase its revenue per unit sold or service utilized, has sufficient cash flow, and has ongoing reductions in operational costs, would appear to be moving toward financial sustainability. Likewise, a social marketing program that builds the capacity of a local social marketing organization such that it becomes its own legal entity and is able to manage its operations with little future technical assistance can be said to be moving toward institutional sustainability. However, not all strategies and subsequent indicators are applicable to all programs because of factors such as the larger political-economic status of the country, the regulatory environment, and evolving consumer tastes, which are often outside the manageable interest of the social marketing program.

With these caveats in mind, it is reasonable to state that sustainability for any social marketing program in Haiti is many years, if not decades, from being realized. While the institutional capacity-building efforts for local social marketing organizations has been great, from the upper management to community-based workers, this has occurred in a climate of declining per capita income, political instability, changing donor priorities, and an often unreceptive environment from those organizations that are most needed to partner. Technical and institutional sustainability will be achieved only if they are done in an environment that permits the skills obtained by staff to be used consistently, shared with others, and retained as part of an organization's abilities. With political and economic uncertainty a reality, there is little chance that any local institution will have the stability necessary in the near future to become self-sufficient in social marketing. As evidence of this, social marketing efforts have been ongoing in Haiti for nearly 20 years, yet they are still being primarily driven by international organizations.

Likewise, the real and continued decline in purchasing power by Haitians provides little hope that product prices can be raised sufficiently to increase revenues, even though many of the products are currently being sold for less than half of the maximum price Haitians are willing to pay. At the same time, rising fuel and other costs hamper the ability to reduce operating expenses, and donors and international implementers are still seen as the primary resources for cash flow. However, all of these hurdles do not mean that social marketing programs should not be done in Haiti. Rather, on the contrary, they should be strengthened. It should be repeated that the primary goal of social marketing programs is to influence target populations to achieve a social good. Sustainability in this case should be viewed through the public health lens. In other words, rather than asking if social marketing programs in Haiti will become locally driven, financially sustainable institutions, the main concern should be whether the behavior changes that are being promoted through the social marketing programs can be maintained in the long-term so that health indicators will change for the better.

In addition, a USAID-supported social marketing program should not be solely supported by USAID, if only for the simple reason that additional sources of funding reduce its vulnerability to funding inconsistency. While simple reliance on donors is not the ideal form of long-term sustainability, until a sufficient formalized private sector develops in Haiti, it may be the most reasonable form. With the move of USAID toward greater reliance on Global Development Alliances (a form of public-private partnering) along with a large number of current and potential donors in Haiti, there are other opportunities for USAID and its implementing partner to leverage

³² G. O'Sullivan, C. Cisek, J. Barnes, and S. Netzer, *Moving Toward Sustainability: Transition Strategies and Tools for Social Marketing Programs*, PSP-One, 2007.

resources for a social marketing program. For example, in the area of HIV/AIDS, in addition to the funds represented by the U.S. Government through the President's Emergency Plan for AIDS Relief (PEPFAR), there are additional resources available through such organizations as the Global Fund and KfW Entwicklungsbank, along with untapped resources that can be explored through private foundations and the private sector. Likewise, in the area of maternal and child health, there are several CBOs and FBOs operating in Haiti that can bring either their financial or in-kind resources of labor and materials to a social marketing communications campaign. In short, once USAID has decided what it wants to achieve through its social marketing efforts, it should in conjunction with its partner organization approach other potential funders to see if their priorities align.

There is also a large international contingent in Haiti, including the United Nations, which through certain agencies, such as UNFPA, can often find resources to support specific programs in areas such as family planning and reproductive health. Finally, there is the Haitian diaspora. Members of the Haitian diaspora send cash transfers and other resources back to Haiti, which has been identified as the world's most remittance-dependent country.³³ The exact amount of remittances to Haiti is difficult to estimate because of poor statistical information and informal channels of exchange, but some information available suggests remittance amounts well above \$700 million per year. This is approximately a quarter of the country's gross domestic product and is significantly greater than the total amount of foreign aid Haiti receives each year.

³³ Dorte Verne, *Making Poor Haitians Count, Poverty in Rural and Urban Haiti Based on the First Household Survey for Haiti*, Policy Research Working Paper 4571, World Bank Sustainable Development Division, March 2008.

V. SUMMARY OF FINDINGS

That any social marketing program has been able to function for nearly 20 years and continues to make progress in influencing healthy behaviors deserves recognition. It is commendable that the program has been able to function even though USAID's social marketing programs in Haiti have at times had inconsistent funding, a deficiency of strategic direction from their donor in recent years, a less-than-enthusiastic response from the public and commercial private sector, and have had to manage their efforts in a country of periodic political upheavals and overall poor infrastructure. While the goal of any social marketing organization should be eventually to reduce its market presence or even exit, that goal needs to be examined in the broader context in which it operates. For a social marketing program in Haiti that at times has been nearly the only provider of health information and products, the goal of reducing its presence may still be in the distant future. Until the public sector is functioning better and the barriers that would allow the private commercial sector to flourish are removed, social marketing may be one of the few options available if continued progress is to be made in improving Haiti's public health.

Like many social marketing programs, the direct attributable results that Haiti's social marketing program has contributed to improving health indicators is difficult to quantify. Part of this is due to making causal linkages or even correlations among a mass media or targeted communication, the distribution of products, sales figures, and their consistent and correct usage. However, part of this is also due to the lack of attention at all levels to investigating this relationship. Both donors and implementing partners have not made sufficient effort in doing this. Even when funding for health programs is readily available, different approaches still need to prove why they will provide the most impact and why that impact is cost-effective. For a program such as social marketing in Haiti that already lacks the immediate support of some of the key partners, proving its worth becomes that much more important.

In choosing the programmatic areas on which to focus its efforts, USAID, through its social marketing programs, has provided support to the Government of Haiti in making progress toward the MDGs of reducing maternal and child mortality and halting the spread of HIV/AIDS. Further, it has also supported the goal outlined in the Ministère de la Santé Publique et de la Population (MSPP) strategic documents of increasing the contraceptive prevalence rate. Whether the MSPP would have chosen social marketing as the activity by which to reach those goals is unlikely. This further highlights one of the main findings of this report, namely, that social marketing is still not well appreciated by many partner organizations, and that the efforts it undertakes still need better coordination at all levels. While at the central level an uncoordinated effort can result in duplicated activities and an inefficient use of resources, the real impact is felt at the local level by both the suppliers and consumers of socially marketed products and services. Confusing pricing structures, stock-outs, and inconsistent messages can negatively affect new and continued usage of products and services. For USAID, the options are two: effective coordination at the central level or concentrating its efforts on those areas, both technical and geographic, where there is little chance of overlap.

VI. RECOMMENDATIONS

- **Coordination and Partnering:**
 - Efforts at the central level among all partners (donors, implementers, MSPP, NGOs) need to be better coordinated to avoid duplication of efforts and to have a rational distribution of products at the site level. Currently, there are regular meetings that are supposed to address this issue, but given the continued mismatch of product distribution, this is not sufficient. One suggestion is to have an implementing organization provide administrative support to the MSPP in the form of a secretariat to track both current distribution efforts and future plans of all partners. This secretariat would, likewise, organize the coordination meetings, ensure that the mapping of products stays current, and track agreed-upon actions.
 - Coordination also needs to be improved at the departmental level; several members of the MSPP noted that their departmental-level counterparts were not satisfactorily informed of the activities that were occurring in their respective administrative districts. As is also mentioned below, any social marketing program needs to actively participate in the departmental-level planning and decision-making meetings currently underway in response to the MSPP's decentralization.
- **Logistics and distribution:**
 - The forecasting, distribution/logistics, and stock management systems that support the social marketing programs need continued strengthening. A consistent theme among all sites visited was that there remains an issue with periodic stock-outs within the social marketing distribution system. Some factors are outside USAID/Haiti's manageable interest, such as offshore supplier issues or impassable roads, but many others such as correlating social marketing events, seasonal or holiday surges, and sufficient sales agent coverage can be improved. Further, with the development and strengthening of the national distribution network, social marketing programs can support this by sharing lessons learned, best practices, and providing potential technical assistance along with coordinating and, in the long-term, integrating the distribution of their products. Particular emphasis should be on strengthening the rural supply chain and networking in the nontraditional providers (for example, community health workers, depot holders, FBOs, and CBOs) of products.
 - Partner organizations will need to reevaluate their relationships with wholesalers and retailers that continue to sell normally free products as branded products, and decide whether to let them remain in the social marketing network. Products that are supposed to be distributed free continue to leak into the commercial sector, and socially marketed products continue to leak into the Dominican Republic. In addition, USAID may consider adding to the product packaging both the recommended sales price and a note stating that the goods are only to be sold and consumed in Haiti.
- **Data for decision making and strategic planning:**
 - USAID/Haiti must review its PMP to expand and strengthen the indicators directly attributable to its social marketing programs, along with examining preexisting indicators and measurements for areas where a social marketing program can contribute data (see Appendix C).
 - USAID must encourage partner organizations to conduct impact evaluations and operations research in addition to strengthening their routine monitoring and evaluation systems to demonstrate successes and recognize areas needing adjustment. Given the new language in the latest President's Emergency Plan for AIDS Relief (PEPFAR) reauthorization act specifically recommending these measures for HIV/AIDS programming, this is of particular importance. Of particular interest would be an examination of the relationship between media efforts and sales/usage/continuation rates of products.
 - USAID/Haiti needs to produce an internal document that delineates what its goals and objectives are in implementing a social marketing program in health. Given that USAID has supported a social marketing program in Haiti for nearly 20 years, the lack of institutional memory either through written documentation or personnel needs to be corrected.

- **Strengthening Government of Haiti/MSPP involvement:**
 - Technical assistance needs to be provided to the MSPP, specifically the Health Promotion Unit (HPU), to strengthen its understanding of the value of social marketing programs, their skills in developing health outreach activities, and their leadership capabilities. Without buy-in from the HPU and a strong HPU, in general, any social marketing program in Haiti will continue to struggle. Illustrative activities may include either a study tour to a country implementing a social marketing program to learn about its value or to have experts provide this training in Haiti, including training in advocacy skills and policy development and managerial training.
 - Social marketing programs need to be active participants in the ongoing planning processes at the local level. Currently, health is the only sectoral program engaged in decentralization of decision making to the department level and, as such, social marketing sales agents and other key personnel should be attending the planning exercises and meetings. Not only will this further support the legitimization of the decentralization process, but with planning and decision making occurring at the local level, the participation of social marketing representatives becomes necessary.

- **Private sector support:**
 - Increased engagement with the private sector is needed. It has been suggested that the pharmaceutical distributors' associations could serve as the entry point of contact for this engagement. One of the repeated suggestions from the commercial sellers was that they be invited to participate in social marketing public events in order that they too could provide information and materials regarding their products, although invitations should be extended only to those commercial sellers that can offer lower-cost products and are willing to pay for their own participation.
 - The market research generated by the social marketing programs needs better dissemination because none of the private sector partners interviewed during this assessment knew of it. The Measuring Access and Performance (MAP) and Tracking Results Continuously (TRaC) studies could provide valuable information to the commercial sector, as well. Again, a trade association could serve as an entry point for dissemination.
 - USAID with both its donor partners and implementing partners needs to continue to work toward convincing the Government of Haiti to remove tariffs on imported health products to allow the commercial sector products to be more competitive and thus broaden the market for all products.

- **Local organization involvement (wholesalers and NGOs):**
 - While the owners and workers at the point of sales and NGO leaders appear to be well versed in the general concept of social marketing, a social marketing program should strengthen their involvement and understanding through additional trainings, both managerial and technical. Few are aware of what the overall goals of a social marketing program are in terms of health promotion and how that relates to developing a viable market. Further, while most are knowledgeable about the benefits and side effects of the particular products that are being marketed, it could also be useful to provide a broader training in, for example, the different types of family planning methods and their effectiveness rates. Given the rate of turnover in some NGOs, these trainings may need to be conducted on an annual basis.
 - Though it may be several years before local NGOs can assume the leadership role in social marketing programs, they should increasingly be given the training and subsequent opportunities to assume some of these duties. In future communications campaign development, the social marketing organizations should institute a “learn by doing” and mentorship initiative to instill these skills within local organizations.
 - Because it is important to have the continued buy-in and feedback of the front line workers (wholesalers, retailers, and NGOs), a mechanism will need to be developed by which there can be an annual recognition of their efforts along with providing the opportunity to give formal feedback on the products and the program.

- **Funding issues:**
 - Once USAID has committed to funding a social marketing program, it and its partner organizations should seek additional funds from other resources for greater effect. Not only will this help increase social marketing's presence in Haiti, but will also, as has been demonstrated, make the social marketing program less vulnerable to having to cut products or programs if funding becomes inconsistent. While different donors may have different programming priorities, there continue to be overall large amounts of funding for HIV/AIDS in Haiti through PEPFAR and the Global Fund. Other donors also are currently funding family planning programs along with antimalaria efforts. Private-public alliances should be explored, and foundations and diaspora organizations must be approached as well.
 - USAID and its partner organizations must determine a mechanism by which they can ensure consistent funding for social marketing media efforts and communications so that there is no barrier to these activities being implemented. A long-term strategic planning and information-sharing working group would be one possibility.
- **Promotion of products and services:**
 - There is a continued need for a strong health promotion campaign both in terms of nonbranded products and those that are branded. However, there needs to be a greater involvement of the private commercial sector and the public sector in the development and targeting of the nonbranded campaigns so that their efforts will also be supported and all activities are coordinated. The mass media campaigns must be better coordinated with the distribution efforts to increase both knowledge about the products and the availability/supply of the products.
 - Targeted branded campaigns need to be based more at the community level and with a focus on reaching the populations for which the socially marketed products are intended, namely, those individuals who are in the lower socioeconomic strata but can afford to pay a nominal price. This can be done through a combination of NGOs, community health workers, depot holders, and health agents who can provide the follow-up needed on product effects and side effects. In addition, these organizations and individuals can strengthen the monitoring of continuation rates of the products and provide feedback on how to improve this area.
 - To date, there has been much less emphasis on the promotion of services in relation to the promotion of products. While this may be due to the historic lack of sufficient health services, with the implementation of projects such as Pwojè Djanm there is a greater opportunity for a social marketing program to also focus on this area. In addition, with the amount of funding becoming available for HIV services (VCT services as the entry point for ARV services), there may be opportunities for collaboration in this area.
 - Figure 6 contains recommendations for the future promotion of currently available socially marketed products. Please note that the four products above the heavy line denote where USAID should first concentrate its efforts before considering devoting any significant funding for the final two products. However, it is also recognized that these efforts may need to be adjusted based on country needs and programmatic direction.

Figure 6: Recommendations for the Future Promotion of Currently Available Socially Marketed Products

| PRODUCT | PROMOTION |
|--|---|
| Male condoms (Dual protection for HIV and family planning) | Emphasis on nonbranded mass media campaigns with limited branded events for targeted hard-to-reach populations. Private commercial sector should be involved in outreach events. |
| Oral contraceptives | Continued branded and nonbranded mass media campaigns along with targeted branded outreach with an emphasis on involving health agents. Develop and strengthen women’s social support systems. |
| Injectables | Continued branded and nonbranded mass media campaigns along with targeted branded outreach with an emphasis on involving health agents. Develop and strengthen women’s social support systems. |
| Oral rehydration salts (ORS) | Continued branded and nonbranded mass media campaigns along with targeted branded outreach with an emphasis on involving health agents for follow-up to treatment. |
| Water purification systems | Nonbranded mass media campaigns in partnership with NGOs that can produce and distribute the systems at the community level. Specific partnerships should include those NGOs able to reach persons living with HIV/AIDS and caregivers of children. |
| Female condoms | NGOs currently distributing should take the lead on very limited if any promotional activities. Continue to make product available on an as-needed basis. |

- **Pricing:**
 - Continue to closely and frequently monitor prices and their relation to sales given the current economic uncertainty in the country. Use of pricing studies may assist with the monitoring of prices.
 - Consider, if economic conditions worsen, limited free distribution or selling at a lower price through select NGOs to reach those most in need.
 - Work toward reducing price distortion (recommended versus actual price) by ensuring continuous supply, sufficient sales points, and perhaps printing a recommended price on product packaging.

APPENDIX A. SCOPE OF WORK

TIMOTHY ALLEN CLARY, SOCIAL MARKETING EXPERT HAITI: SOCIAL MARKETING ASSESSMENT

Background/Purpose

USAID/Haiti's Health and Education and Investing in People Team (H&E/IIP)—utilizing an AID/Washington procurement instrument—will engage a consultant in social marketing for four weeks to assess and make recommendations on the USAID-assisted social marketing program in Haiti. The consultant will focus on the effectiveness and outcomes of USAID's social marketing assistance—past, present, and future—and the contribution of social marketing to maternal health, child health, family planning, and HIV/AIDS. Presuming a positive assessment, the consultant will prepare a draft RFTOP scope of work for a Mission solicitation under the AID/Washington AIDSTAR IQC, which will allow USAID to continue assistance to social marketing in Haiti over the coming three to five years.

Methodology

Based on a broad review of the history of USAID social marketing assistance in Haiti, the current status, strategies, and activities, and the effectiveness and outcomes of the ongoing social marketing project in the context of MCH/FP status, the consultant will review and assess:

- The history of accomplishments of social marketing, and of the contributions of social marketing to MCH/FP and HIV/AIDS status in Haiti;
- USAID's expressed objectives and desired results over time, and whether successive projects achieved those objectives and desired results;
- Whether results were commensurate with levels of USAID funding over time;
- The quality of decision making and choice of social marketing strategies and activities by the management of past and ongoing social marketing projects; and
- Possible shortfalls in accomplishments or perceived gaps that a USAID-assisted social marketing project could address over the next three to five years with regard to the component program and technical areas of MCH/FP and HIV/AIDS.

Deliverables

1. **A draft assessment report** should be completed prior to the consultant's departure from Haiti. The written report should clearly describe findings, conclusions, and recommendations assessing past and present USAID assistance in social marketing, and recommending future USAID support if justified by the assessment. USAID will provide comments on the draft report within five working days of submission.
2. **A final report** that incorporates the responses to Mission comments and suggestions. The draft final report should be completed within five days after USAID provides its feedback on the draft report, incorporating the comments received from the review of the draft and sent to the Mission. The final report (excluding executive summary and annexes including list of citations: list of all reviewed/cited sources in final report) should be no more than 30 pages. All procurement-sensitive information will be removed from this public document.

After the final but unedited draft report has been reviewed by USAID, GH Tech will have the documents edited and formatted, and will provide the final report to USAID/Haiti for distribution (two hard copies and a CD ROM). It will take approximately 30 days for GH Tech to edit/format and print the final document.

3. Based on the analysis and recommendations of what additional, reconfigured, or enhanced contributions could be made by a USAID-assisted social marketing project over the next three to five years, the consultant will produce a **draft SOW** that will ultimately form the basis for a USAID/Haiti Task Order under the AID/Washington AIDSTAR IQC for continued USAID social marketing assistance in Haiti. The draft SOW will be shared only with USAID/Haiti.
4. The consultant will produce a **PowerPoint presentation** (for a **debriefing** prior to departure from country) summarizing his major assessment observations and recommendations in briefings for USAID, the Government of Haiti/Ministry of Health (GoH/MSPP), and other donors.

Relevant Questions (illustrative)

A. Social Marketing in the MCH/FP Context

- How well understood is the potential of social marketing in Haiti and what more can be done to enhance understanding of social marketing contributions to MCH/FP and HIV/AIDS objectives?
- Have the expected contributions of social marketing to MCH/FP and HIV/AIDS status in Haiti been clear to all concerned—management and staff of the successive USAID-supported projects, USAID, the implementing organization(s), the GoH/MSPP and other donors?
- Have intended results from social marketing activities—quantitative and qualitative—been clearly developed and understood by USAID and the implementing organization(s)?
- How well have successive USAID-assisted social marketing projects in Haiti assessed MCH/FP and HIV/AIDS knowledge, attitudes, perceptions, beliefs and practices, and the environment for MCH/FP and HIV/AIDS, and how have any such analyses been used to develop social behavior change, marketing, and sales strategies and activities?
- How well have successive projects utilized MCH/FP and HIV/AIDS data in making other programmatic decisions, for example, data over time on contraceptive prevalence and reasons for continuation/discontinuation of family planning?
- How well has the social marketing project reflected GoH policies and planning with regard to MCH/FP and HIV/AIDS?
- How have social marketing activities fit in with other MCH/FP and HIV/AIDS interventions and programs carried out by the GoH and by private sector organizations—over time (for example, the Maria program)?

B. Targeting, Reaching, and Influencing Users

- Working with available data sources including the most recent Demographic Health Survey and any more recent MCH/FP and HIV/AIDS projections, have current and potential users/consumers been appropriately targeted by USAID-funded social marketing projects for the largest possible impact? If not, how can targeting for impact be maximized?
- Are USAID MCH/FP and HIV/AIDS social marketing targets and indicators appropriate for decision making and to measure program results? If not, how can these targets and indicators be improved, or should other targets and indicators be adopted?
- What data exist on the economic level of users/consumers and their ability to pay for condoms and other contraceptives, and other social marketing products? On their ability to pay for commercial brand products? Has there been a substitution effect where users/consumers able to pay higher prices have switched to social marketing products? Is

USAID assistance in social marketing therefore appropriately defining and targeting potential users/consumers for behavior changes and sales?

- Have projects appropriately targeted those groups and developed appropriate strategies and tools to reach and influence those groups? Have the poor, who may be unable to pay market rates for MCH/FP and HIV/AIDS commodities, been reached by USAID-funded social marketing projects? Have groups unable or unwilling to access other public and private sector services and facilities been served by social marketing behavior change activities, marketing strategies, and sales outlets—for example, youth?
- What kind of data and analyses have successive social marketing projects commissioned over time and how has this information been used by project managers in decision making? Are there other equally or more appropriate data collection and analyses that USAID should commission under the current project or any future project?
- Have successive social marketing projects promoted healthy behaviors successfully; which behaviors and with what audiences/groups?
- What information, advertising, and behavior change strategies and activities have been adopted by successive projects and have results been measured appropriately over time so that trends and gaps could be identified?
- Has social marketing achieved nationwide coverage in terms of targeted segments of the population and respective products and services?
- Have social marketing strategies been adjusted appropriately for urban and rural areas?
- What has been the cost of social marketing products and services over time, and should prices for products and services be adjusted in future?
- Is there leakage of social marketing products from social marketing warehouses and sales outlets to public sector facilities? Are any social marketing products sold by either public sector or commercial outlets at prices that are less than or exceed those established for the respective products by successive social marketing projects? What consequences have ensued if this has happened?
- Are representatives of targeted segments of the population involved in the design of strategies and activities?
- What links should exist between social marketing communication change strategies and activities and other BCC programs in MCH/FP and HIV/AIDS?
- Have the interactions between USAID staff and successive social marketing project staff been useful and effective to both, and has the management of successive social marketing projects been effective in terms of achieving results?

C. Sustainability

- How has sustainability been defined and addressed by USAID and by successive projects; have the definitions and approaches been appropriate; and are there other ways to make social marketing self-sustaining in the Haitian context?
- How sustainable are current social marketing strategies and activities, and how can USAID address sustainability concerns in future? The GoH has supported free distribution of some MCH/FP and HIV/AIDS products and in view of this orientation, what strategies should be pursued by USAID and implementing organizations under a future social marketing project?

- Are there new directions that should be pursued through a new social marketing project in Haiti?
- Should social marketing activities be scaled-up or reconfigured—why and how?

Team Composition

The Social Marketing consultant will be responsible for assessing and making recommendations on the USAID-assisted social marketing program in Haiti. The consultant will focus on the effectiveness and outcomes of USAID's social marketing assistance—past, present, and future—and the contribution of social marketing to maternal health, child health, family planning, and HIV/AIDS.

Skills/Experience: The consultant will have at least 10 years' experience working in the areas of social marketing and communication. She or he should have a good understanding of a wide variety of promotion efforts in the area of health and should have a thorough knowledge of market expansion, brand promotion, advertising, and market research.

Logistics

A six-day workweek is authorized while the consultant is in Haiti. The consultant will be responsible for all in-country logistical support. This includes arranging and scheduling meetings, local travel, printing, and photocopying. The Mission may assist in setting up meetings with local professionals relevant to the assessment.

USAID/Haiti point of contact

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APPENDIX B. PERSONS CONTACTED

HAITI

U.S. Agency for International Development

Eva Antoine, Commodity Manager
Beth Cypser, Mission Director
Olbeg Desinor, Child Survival and PEPFAR Advisor
Sharon Epstein, Acting Director Health and Education
Wenser Estime, Public Health Advisor
Reginalde Masse, Infectious Diseases Advisor
Kathleen Mathieu, Program Assistant
Pierre Mercier, Senior Medical Advisor
Rand Robinson, Acting Director, Program Office

Agence Valliere

Josiane Boulos, Managing Director

Commerce, S.A.

Ingrid Hackenbruch, Director

Commercial Pharma (Les Cayes)

Joel Jean-Louis, Owner

Épicerie St. Yves

Yves Léger, Owner

Fondation Sogebank (Global Fund Principal Recipient)

Dr. Yves Gerrard Pierre-Louis, HIV Coordinator
Dr. Carl François, Director of Technical Programs

FOSREF

Dr. Fritz Moise, Executive Director

Grace Divine Depot Pharma

Jean Renou Elysée, Owner

Jolivert Safe Water for Families

Michael Ritter, Program Director

Konesans Fanmi se Lespwa Timoun

Marie Antoinette Toureau, Executive Director

Management Sciences for Health

Yvrose Chery, BCC Advisor for the Leadership, Management, and Sustainability Project/Haiti
Elsie Leuredent, BCC Advisor for Pwojè Djanm
Antoine Ndiaye, Director, Leadership, Management, and Sustainability Project/Haiti

Measure Evaluation Project

Moussa Ly, Resident Technical Advisor/Haiti

Medinec

Emmanuel Wilner, Director

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Bernadette Christian, Technical Advisor for BCC, UCP

Joel Deas, Chief of UCC

Antoine Jasmin, Technical Advisor for BCC, UCP

Dr. Michaud, Head of Cabinet

Dr. Jocelyne Pierre-Louis, Chief of Health Promotion Unit

Pharmacie/Clinique Petit-Goâve

Pierre Camille, Owner

Pharmacie Vallière, P.H.V.

Patrick Boulos, Director

Population Services International

Shannon Bledsoe, Executive Director

Anick Dupuy, Deputy Director

Gabrielle Louis-Jeune, Chief of Sales Agents

Louizaire Jean Clobert, Sales Agent

Maurice Kwite, Technical Advisor for Marketing

St-Hilaire Laforêt, Sales Agent – South and Southeast Departments

Socopharm

Herve Lamothe, Administrative and Sales Director

United Nations Population Fund

Michel Brun, UNFPA Representative

UNITED STATES

The QED Group, LLC

Elsa Berhane, Program Manager, GH Tech Project

APPENDIX C. SOCIAL MARKETING INDICATORS

Those marked with an asterisk are mandated (PEPFAR or “F” indicators)

- 1) **Indicator in USAID/Haiti’s current PMP solely attributable to social marketing programs:**
 - Number of targeted condom service outlets.*
- 2) **Indicators in USAID/Haiti’s current PMP attributable to other programs, but to which social marketing programs could contribute (if products and services, such as those offered by SDSH, are promoted):**

HIV/AIDS

- Percentage of diagnosed HIV-positive pregnant women with a complete course of prophylaxis in a PMTCT setting;
- Percentage of diagnosed HIV-positive individuals enrolled in palliative care;
- Number of individuals reached through community outreach that promotes HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful*;
- Number of individuals trained to promote HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful*;
- Number of individuals who received counseling and testing for HIV and received their test results*;
- Number of people newly initiating antiretroviral therapy during the reporting period*;
- Number of people provided with HIV-related palliative care (including TB/HIV)*;
- Percentage of young women and men aged 15 to 24 reporting the use of a condom the last time they had sex with a non-marital, non-cohabitating (high-risk) sexual partner.

Maternal and Child Health

- Number of postpartum/newborn visits in USG-assisted programs*;
- Number of deliveries with a skilled birth attendant in USG-assisted programs*;
- Number of cases of child pneumonia treated with antibiotics by trained facility or community health workers in USG-supported programs.

Family Planning/Reproductive Health

- Percentage of people of reproductive age using a modern family-planning method in USAID geographic target areas (obtained from USAID-assisted facility or through a social marketing sales point);
- Number of counseling visits for FP/RH as a result of USG assistance (women/men)*;
- Number of couple-years of protection (CYP) in USG-supported programs*;
- Number of people that have seen or heard a specific FP/RH message* (and its source);
- Number of service-delivery points reporting stock-outs of any contraceptive commodity offered by a USG-supported program during the reporting period.*

3) Illustrative indicators to be considered for inclusion in USAID/Haiti's PMP to better reflect achievements of a social marketing program:

HIV/AIDS

- Number of young people aged 15 to 24 and other high-risk populations in social marketing target sites who correctly identify three ways to prevent HIV/AIDS;
- Number of persons reached with a promotional message about condom use for HIV/AIDS prevention;
- Number of units of ORS distributed to People Living with HIV/AIDS.

Maternal and Child Health

- Number of child caregivers in social marketing target sites who treated the last episodic case of childhood diarrhea with ORS;
- Percentage of those who purchased ORS who can successfully describe or demonstrate correct use.

Family Planning/Reproductive Health

- Number of people aged 15 to 49 in social marketing target sites who can correctly describe three modern methods of contraception that prevent pregnancy;
- Number of persons reached with a promotional message about condom use for prevention of pregnancy;
- Number of women aged 15 to 49 in social marketing target sites who report usage of branded family planning product one year after initiation.

Program Management

- Number of targeted outlets offering the full range of socially marketed products;
- Number of population targeted with a non-mass-media socially marketed campaign who report discussing the campaign message with non-attendees;
- Proportion of USAID price to final sales price;
- Percentage of brand-specific marketing and promotion expenditures to sales revenue (as an indicator of cost-effectiveness of promotions);
- Formal feedback mechanism established for ensuring ongoing distributor and client feedback;
- Percentage of sales points for socially marketed products with stock-outs of family planning and/or ORS for the reporting period;
- Number of local organizations provided with technical assistance for social-marketing-related institutional capacity building.

APPENDIX D. REFERENCES

- Allman, James, Jon Rohde, and Joe Wray. "Integration and Disintegration: The Case of Family Planning in Haiti." *Health Policy and Planning* 2(3): 236–244.
- Anderson, F. W., S. I. Naik, S. A. Feresu, B. Gebrian, and M. Karki. "Perceptions of Pregnancy Complications in Haiti." *International Journal of Gynecology and Obstetrics* 100(2): 116–123.
- Cayemittes, M., W. Ward, N. Obanor, M. Leandre, M. Clark, and C. Clerisme. "Marketing Oral Rehydration Solution in Rural Haiti." *Health Education Research* 3(4): 421–428.
- Diallo, Issakha. 2008. *Rapport de Mission, Project SDSH – Pwojè Djanm*. May.
- Family Health International. *Final Report for the AIDSCAP Program in Haiti: Executive Summary*.
- Frey, M., E. Genece, R. H. Clark, M. Donald, and G. Sautai. 1993. "NGO Condom Social Marketing in Haiti – A Promising Model for HIV Prevention." International Conference on AIDS.
- Garnier, L., B. Grimard, M. Cato, and R. Clark. 1996. "PSI Haiti Condom Social Marketing: Independent Vendors." International Conference on AIDS.
- Haiti Fiscal Year 2008 Country PEPFAR Operational Plan (COP). April 2008.
- Harvey, Philip, D. "The Impact of Condom Prices on Sales in Social Marketing Programs." *Studies in Family Planning* 25(1): 52–58.
- Health Communication Partnership. *Stratégie nationale de communication pour la prévention de la transmission sexuelle du VIH, 2007–2012*. (Draft)
- Institut Haïtien de l'Enfance and Macro International, Inc. *Enquête Mortalité, Morbidité et Utilisation des Services EMMUS-IV, Haïti 2005–2006*.
- Institut Haïtien de Statistique et d'Informatique. *Enquête Budget-Consommation des Ménages 1999–2000*.
- Kaiser Family Foundation. *Reauthorization of PEPFAR, The United States Leadership Against HIV/AIDS, Tuberculosis, and Malaria Act: A Side-by-Side Comparison to Current Law*.
- Kotler, P., and G. Armstrong. 2004. *Principles of Marketing*. Prentice Hall.
- Kotler, P., N. Roberto, and N. Lee. 2002. *Social Marketing: Improving the Quality of Life*. SAGE.
- Kwite, Maurice. 2008. *Le Marketing Social en Bref*. March.
- Macro International (MEASURE DHS). *Haiti: Mortality, Morbidity, and Use of Services Survey, 2005–2006, Key Findings*.
- Management Sciences for Health. *SDSH-Pwojè Djanm, Santé pour le Développement et la Stabilité d'Haïti—Pwojè Djanm, Semiannual Performance Report, August 3, 2007–January 31, 2008*.
- Ministère de la Planification et de la Coopération Externe. *Document de Stratégie Nationale pour la Croissance et la Réduction de la Pauvreté, 2008–2010*.
- Ministère de la Santé Publique et de la Population. *Manuel de Normes et de Travail en Planification Familiale*.

- Ministère de la Santé Publique et de la Population. *Plan Stratégique National pour la Réforme du Secteur de la Santé, 2005–2010.*
- Ministère de la Santé Publique et de la Population. *Stratégie de communication pour la prévention de la transmission sexuelle du VIH: Analyse situationnelle.*
- MNCH Country Program Description: HAITI.
- O’Sullivan, G., C. Cisek, J. Barnes, and S. Netzer. *Moving Toward Sustainability: Transition Strategies and Tools for Social Marketing Programs.* PSP-One 2007.
- Pollard, R. 2007. “Social Marketing: An Introduction to the Total Market Approach to Commodities and Services Supply in Low-income Countries.” Presentation on November 6.
- Population Services International. *Haiti (2006): Étude MAP sur la disponibilité des produits de marketing social (Préservatifs, Contraceptifs hormonaux, MCH, Moustiquaire imprégnée), Volume II: Contraceptifs, Pilplan et Confiance.*
- Population Services International. *Haiti (2006): VIH/SIDA Etude TRaC Examinant l’utilisation du condom parmi les Travailleuses de sexe.*
- Population Services International. *Haiti (2007): Planification Familiale Enquête TRaC Examinant l’utilisation des méthodes contraceptives modernes parmi les femmes en âge de procréer de 15–49 ans.*
- Population Services International. *Haiti (2007): Santé Materno-Infantile Etude TRaC Evaluant l’utilisation des produits de Purification d’Eau (PUR) et des Sels de Réhydratation Orale (SEL LAVI) chez les enfants de 0–4 ans.*
- Population Services International. *Haiti (2008): MAP Study Evaluating the Coverage, Quality of Coverage, Access, and Penetration of Condoms.*
- Population Services International. *PSI/Haiti Products Sales (2003–2008).*
- Population Services International. *Stratégie de distribution de PSI/Haiti.*
- Programme National de Lutte contre le SIDA (Haïti). *Plan Stratégique National Multisectoriel 2008–2012.*
- PSP-One. 2007. *Workplan: Improving the Effective Distribution of Condoms and Scaling-up of Targeted Communication Activities to Improve Personal Risk Assessment in Haiti.* July.
- PSP-One. *Our Work in Haiti.*
- Reactivation and Strengthening the Repositioning of Family Planning Program in Haiti.* SDHS/MSH – Project Janm.
- Ritter, Michael. 2008. *Determinants of Adoption of Household Water Treatment Products in Rural Haiti.* May.
- Rohde, Jon, and Malcolm Bryan. 2008. *Report to MSH/SDSH – Pwojè Djanm.* July.
- Sai, K. 1996. *Marketing Techniques Increase Condom Sales in Haiti.*
- Unité de Coordination et de Contrôle du Programme de Lutte contre les IST/VIH/SIDA. *Plan d’Action CCC/MC/IST/VIH/SIDA, Octobre 2005–Septembre 2006.*
- United Nations Development Programme. *Human Development Report 2004.*
- United States Agency for International Development. *Analysis & Planning Considerations for USAID MNCHN Planning.*

United States Agency for International Development. *Haiti FY 2008 Program Summary*.

United States Agency for International Development. *Strategically Focusing USAID's MCH Resources: The FY08 Launch*.

United States Agency for International Development. *USAID Haiti Strategy Statement FY 2007–2009*.

USAID/DELIVER Project. *Shipment Report, January 2004–December 2009*.

USAID/Haiti. *Performance Management Plan (PMP), USAID/Haiti 2006–2009 Results Framework*.

USAID/Haiti. *USAID Health Sector Assistance, "Quality Basic Health Services Support to Haiti," Statement of Work*.

Verne, Dorte. 2008. *Making Poor Haitians Count, Poverty in Rural and Urban Haiti Based on the First Household Survey for Haiti*. Policy Research Working Paper 4571. World Bank Sustainable Development Division, March.

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